



# *Student Accident and Sickness Insurance Plan*

*designed for*

## **Rhode Island School of Design 2013-2014**

- Non-Renewable One Year Term Insurance -

Policy Number: US096454

Providence, RI

Underwritten by United States Fire Insurance Company

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**Important: Please see the Notice on the Inside Cover of this plan material concerning student health insurance coverage.**

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**your student health insurance coverage, offered by United States Fire 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 23, 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, and \$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: \$100,000 per accident or sickness unless otherwise specified on which covered benefits – notice should describe all annual limits that apply. If you have any questions or concerns about this notice, contact Gallagher Koster at 1-800-406-4512. 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.**

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## Introduction

Rhode Island School of Design (RISD) sponsors a Student Accident and Sickness Insurance Plan through United States Fire Insurance Company. It is RISD's policy that every student carries adequate health insurance coverage while at RISD. If the parent or family policy provides adequate coverage, one that covers more than emergency care to include prescription drugs, mental health benefits, doctor visits, inpatient and outpatient hospital services, diagnostic testing and lab services, then a student can waive participation in the Student Accident and Sickness Insurance Plan.

The Student Accident and Sickness Insurance Plan is in effect from September 1, 2013 through August 31, 2014 and for families with students who are graduating, this Plan covers graduating students until the end of the plan.

Please read the description of your current insurance plan and the brochure describing the Student Accident and Sickness Insurance Plan with care to ensure that your plan provides adequate coverage, including any limitations on coverage due to age or student status.

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## Student Eligibility and Enrollment

All registered students taking 9 or more credit hours are **automatically** enrolled in the Student Accident and Sickness Insurance Plan at registration and the payment for coverage is added to their tuition billing unless students complete and submit an Online Waiver Form showing proof of comparable coverage. All new International students will be enrolled on a mandatory basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television courses do not fulfill the eligibility requirements that the student actively attend class. The Insurance Company maintains the right to investigate student status and attendance records. Whenever the Insurance Company discovers that the policy eligibility requirements have not been met, its only obligation is to refund the payment.

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## Online Waiver Process

Students who are currently enrolled in a health insurance plan of comparable coverage that will be in effect until August 31, 2014 can elect to waive the Rhode Island School of Design Student Accident and Sickness Insurance Plan.

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

## Waiver Process

To document proof of comparable coverage an Online Waiver Form must be completed and submitted by the deadline.

1. Go to [www.gallagherkoster.com/RISD](http://www.gallagherkoster.com/RISD).
2. Click on "Student Waive".
3. Log in using your student email address as your username and your student ID number as your password.

Select the Red "I Want to Waive" button. Have your current health insurance ID card ready as you will need this information in order to complete the Waiver Form.

After completing your online form you will be asked to review your information and click "Continue". Immediately upon submitting your Online Waiver Form you will receive a confirmation number. Print the confirmation number for your records. If you do not receive a confirmation number, you will need to correct any errors and resubmit the form. The online process is the only accepted process for waiving coverage.

RISD reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Accident and Sickness Insurance Plan, effective the date that the determination was made and there will be no pro-rata of premium.

First and second year International students are required to be enrolled in the Student Accident and Sickness Insurance Plan. All other returning International students can only waive the Student Accident and Sickness Insurance Plan if they are covered by a comparable insurance plan based in the United States.

In the event students waive the Student Accident and Sickness Insurance Plan and then lose 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 students to complete the Online Waiver Form is September 17, 2013 for annual coverage, and January 30, 2014 for students newly enrolled for the Spring Semester. Students who waive the Student Accident and Sickness Insurance Plan in the Fall waive coverage for the entire policy year. The Online Waiver process is the only accepted process for making your insurance selection. **Students who do not submit the Online Waiver Form by the deadline will be enrolled in and billed for the Student Accident and Sickness Insurance Plan.**

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## Dependent Eligibility and Enrollment

**"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.

Dependent eligibility expires concurrently with that of the Insured Student. Students who wish to enroll eligible dependents can enroll their Dependents online at [www.gallagherkoster.com/RISD](http://www.gallagherkoster.com/RISD). The completed form and payment must be submitted by October 1, 2013 for annual coverage, or January 31, 2014 for newly enrolled second semester students. The date of coverage will be the effective date of the student's coverage if the Dependent enrolls during the eligible enrollment period; or within 31 days after the Insured Student acquires a new Dependent, i.e. by birth, adoption or marriage. In the event of the birth of a child to a covered student while the student's Plan is in force, that child will automatically become a covered person from the moment of birth. Payment for the child's coverage must be remitted within that 31-day period, or the coverage will terminate for that child at the end of the 31-day period. The applicable costs will not be prorated.

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## Alternative Coverage

If a student does not meet the eligibility definitions as defined above or wants to purchase the Summer Only coverage as a new student, please contact Gallagher Koster at 1-800-406-4512 or email at [RISDStudent@gallagherkoster.com](mailto:RISDStudent@gallagherkoster.com).

## Plan Period and Plan Costs

The plan issued to and on file at the school becomes effective on September 1, 2013. Coverage becomes effective on that date or the date the enrollment form and full payment is received by the Company (or its authorized representative), whichever is later. The Policy terminates on August 31, 2014. Coverage terminates on that date or at the end of the period through which payment is made, whichever is earlier.

## Plan Costs

	<b>Annual 9/1/13 - 8/31/14</b>	<b>Spring 1/1/14 - 8/31/14</b>	<b>Summer 6/1/14 - 8/31/14</b>
Student Only	\$1,245.00	\$ 816.00	\$358.00
Spouse Only	\$3,716.00	\$2,375.00	\$951.00
Each Child	\$1,587.00	\$1,022.00	\$412.00

## Refund of Payment

Except for a withdrawal due to an Injury 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. Premiums received by the Company are fully earned upon receipt and are non-refundable except as specifically provided. Coverage for a Covered 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.

## Preferred Provider Networks

The Rhode Island School of Design Student Accident and Sickness Insurance Plan provides access to hospitals and health care providers locally and across the country through the First Health Preferred Provider Network.

You will receive maximum coverage for eligible service when you visit doctors, hospitals and other providers who belong to the First Health Preferred Provider Network. Many Primary Care Doctors (general practitioners, internists, family doctors and pediatricians) are members of the network and have agreed to accept a predetermined negotiated fee, or Preferred Allowance, as payment. When you use Network Providers, out-of-pocket expenses will be less because any applicable student coinsurance is based on the Preferred Allowance. Out-of-Network providers do not agree to any Preferred Allowance, so your out-of-pocket expenses will be greater. It is important to verify that your health care providers are Network providers when calling for an appointment or at the time of service. The participation of individual providers is subject to change without notice. It is your responsibility to verify participation of a provider.

The easiest and most efficient way to determine if the provider you want to see participates in the First Health Network is to contact First Health at 1-800-226-5116 or visit their website at [www.FirstHealth.com](http://www.FirstHealth.com).

## Definitions

**Covered expenses** means charges: a) Not in excess of usual, reasonable and customary charge; b) Not in excess of the maximum benefit amount payable per service as shown in the Schedule; c) Made for medical services and supplies not excluded under the plan; d) Made for services and supplies which are medically necessary; and e) Made for medical services specifically included in the Schedule.

**Covered person** means you and your eligible spouse and dependents covered under the plan. The proper premium payment must be made to be covered under the plan.

**"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.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include: a) you; b) your spouse, dependent, parent, brother or sister; or c) a person who ordinarily resides with you.

**Hospital** means an institution: a) Operated pursuant to law; b) Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; c) Under the supervision of a staff of doctors; d) Providing 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.); e) With medical, diagnostic and treatment facilities, and with major surgical facilities; 1) On its premises; or 2) Available on a prearranged basis; and f) Charging for its services.

Hospital does not include a clinic or facility for:

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

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

**Medically necessary** means those services or supplies provided or prescribed by a hospital or doctor: a) Essential for the symptoms and diagnosis or treatment of the sickness or injury; b) Provided for the diagnosis, or the direct care and treatment of the sickness or injury; c) In accordance with the standards of good medical practice; d) Not primarily for your convenience or that of your doctor; and e) That are the most appropriate supply or level of service that can safely be provided.

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

**Prescription drug** means: a) A legend drug; b) A compound medication when at least one ingredient is a prescription legend drug; c) Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or d) Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.

**Primary insured** means you.

**Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

**Usual, reasonable and customary** means: Charges and fees for medical services or supplies that are the lesser of: 1. The usual charge by the provider for the service or supply given; or 2. The average charged for the service or supply in the area where service or supply is received; and b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

**We, Our, Us** means United States Fire Insurance Company.

## Mail Service Prescription Drug Program

Medications that are taken for a chronic condition can be filled for up to a 90-day supply using Express Scripts' Mail Service Prescription Drug Program. Using the Mail Service Prescription Drug Program, a 90-day supply of a medication can be filled with a copayment that is 2 times the copayment of a 30-day supply. When you use the Mail Service Prescription Drug Program you will need to complete a "Express Scripts" Order Form and mail it directly to Express Scripts along with your doctor's signed prescription form. After submitting your initial prescription, additional prescriptions can be filled by going online to [www.express-scripts.com](http://www.express-scripts.com). A brochure describing the Mail Service Prescription Drug Program and order forms are available at [www.gallagherkoster.com/RISD](http://www.gallagherkoster.com/RISD) or by contacting Gallagher Koster.

## Prescription Drug Program

The outpatient prescription drug program is available through the Express Scripts (formerly MEDCO) Pharmacy Program. The Express Scripts Pharmacy Net-work includes national pharmacy chains such as Brooks Pharmacy, Walgreens, Rite Aid, CVS, etc. as well as local pharmacies. After a \$10.00 co-payment for a 30-day supply of a generic drug, a \$25.00 co-payment for a 30-day supply of a brand name drug, or a \$45.00 co-payment for a 30-day supply of a non-preferred brand name drug, the covered expenses incurred for the cost of prescription drugs will be reimbursed at 100% up to a maximum of \$500,000.00 per policy year. Covered Persons will use their health insurance 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 at [www.gallagherkoster.com/RISD](http://www.gallagherkoster.com/RISD). Not all prescriptions are covered. To locate a participating Express Scripts pharmacy, go online at [www.express-scripts.com](http://www.express-scripts.com) or call Express Scripts toll free at 1-800-344-3405.

## Travel Assistance Services

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 Insurance 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 or Remains, Family or 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

## SCHEDULE OF MEDICAL EXPENSE BENEFITS

**DEDUCTIBLE: \$100 per policy year.**

**BASIC MEDICAL EXPENSE BENEFIT:** Basic Medical Expense Benefits will be paid up to the maximum benefit for each service as scheduled below up to a maximum benefit of \$5,000 per Covered Accident or Sickness. **The combined Maximum Benefit for the Basic Maximum Benefit and the Major Medical Expense Benefit is \$500,000 per Covered Accident or Sickness.**

**MAJOR MEDICAL EXPENSE BENEFIT:** After the Company has paid \$5,000 per covered Accident and Sickness under the Basic Medical Expense Benefit, the Company will pay 80% of the Preferred Allowance for Network Providers or 80% of Usual, Reasonable and Customary Charge for Non-Network Providers for additional Covered Expenses incurred up to \$25,000 per Accident and Sickness (unless otherwise specified). After the Company has paid \$25,000, the Company will pay 100% of the Preferred Allowance for Network Providers or 80% of Usual, Reasonable and Customary Charge for Non-Network Providers additional Covered Expenses up to \$500,000 per Accident and Sickness (unless otherwise specified). The total benefit payable under Major Medical coverage for any one covered Accident or Sickness is \$500,000 minus all amounts paid under the Basic Medical Expense Schedule of Benefits.

BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
<b>Students must first seek treatment at the Student Health Service unless the center is closed during break or vacation periods or it is a medical emergency. When treatment is rendered in an emergency room setting, the student must return to the Student Health Service for any necessary follow-up care. Covered Dependents are not required to use the Student Health Service or to obtain a referral.</b>		
<b>A referral is not required for Mental Health services</b>		
<b>INPATIENT EXPENSE BENEFITS</b>		
<b>Hospital Expense Benefit</b> , Services include hospital room and board for semi-private room and general nursing care	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Hospital Miscellaneous Expense</b> , Services include operating room expense, laboratory tests, x-ray examinations, or anesthesia drugs (excluding take home drug) or medicines, therapeutic services supplies and pre-admission testing	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Surgical Expense Benefit</b> , Services include surgeon's expense. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Assistant Surgeon Expense Benefit</b>	Not Covered	Not Covered
<b>Anesthetist Expense Benefit</b>	25% of Surgical Allowance	25% of Surgical Allowance

## SCHEDULE OF MEDICAL EXPENSE BENEFITS (Con't)

INPATIENT EXPENSE BENEFITS (Con't)	NETWORK PROVIDER	NON-NETWORK PROVIDER
<b>Private Duty Nursing Expense Benefit</b>	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Doctor's Visits Expense Benefit, Limited to one visit per day and do not apply when related to surgery</b>	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>OUTPATIENT BENEFITS</b>		
<b>Day Surgery Miscellaneous Expense Benefit</b> , Services related to major scheduled surgery performed in a hospital, include operating room, laboratory tests, and x-rays, professional fees, anesthesia, drugs, or medicines and supplies	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Surgical Expense Benefit</b> ,. Services include surgeon's expense. No more than one surgical procedure will be covered when multiple procedures are performed through the incision or in immediately succession	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Assistant Surgeon Expense Benefit</b>	Not Covered	Not Covered
<b>Anesthetist Expense Benefit</b>	25% of Surgical Allowance	25% of Surgical Allowance
<b>Doctor's Office Visit Expense Benefit</b> , Does not apply when related to surgery. <b>Limited to one visit per day</b>	After a \$20 Copayment, 100% of Preferred Allowance	After a \$20 deductible, 80% of Usual, Reasonable and Customary Charge
<b>Diagnostic Services and Procedures Expense Benefit</b> , Services include tests and procedures, diagnostic services and medical procedures performed by a physician other than physician's visits, physical therapy, x-rays and lab procedures	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>High Cost Procedures Expense Benefit</b> , for outpatient procedures over \$200, including but not limited to MRI, Cat Scan, Ultrasound and Laser	100% of Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Physical Therapy Expense Benefit</b>	Paid under Doctor's Office Visit Expense Benefit	Paid under Doctor's Office Visit Expense Benefit
<b>Medical Emergency Room Expense Benefit</b> , Subject to a \$100 Copayment/ Deductible (waived with a referral from Health Services or the Office of Public Safety). Must be a Medical Emergency due to a Sickness or Accident	After a \$100 Copayment, 90% of Preferred Allowance	After a \$100 deductible, 90% of Usual, Reasonable and Customary Charge
<b>MENTAL ILLNESS AND SUBSTANCE ABUSE BENEFITS</b>		
<b>Outpatient Mental Illness and Substance Abuse Expense</b>	After a \$20 Copayment, 100% of Preferred Allowance	After a \$20 deductible, 80% of Usual, Reasonable and Customary Charge
<b>Inpatient Mental Illness and Substance Abuse Expense</b>	100% Preferred Allowance	80% of Usual, Reasonable Customary Charge
<b>ADDITIONAL BENEFITS</b>		
<b>Ambulance Expense Benefit</b>	100% of Usual, Reasonable and Customary Charge	
<b>Dental Expense Benefit</b> , Limited to a maximum benefit of \$200 per tooth Treatment made necessary by injury to natural teeth	100% Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Braces and Appliances Expense Benefit</b> , When following emergency treatment for a Covered Injury (replacement braces and appliances not covered)	100% Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Routine Exam Expense Benefit</b> , includes annual physical	100% Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Mammography Expense Benefit</b>	Paid under Wellness Benefit	80% of Usual, Reasonable and Customary Charge
<b>Maternity Expense Benefit</b>	Paid as any other Covered Sickness	
<b>Voluntary Termination of Pregnancy Expense Benefit</b> , Limited to a maximum benefit of \$200	100% Preferred Allowance	80% of Usual, Reasonable and Customary Charge
<b>Prescription Drug Expense Benefit</b> , Prescriptions must be filled at a Express Scripts (formerly MEDCO) Pharmacy	Subject to a \$10 Copayment for a 30-day supply of a generic drug, or a \$25 Copayment for a 30-day supply of a preferred brand name drug, or a \$45 Copayment for a 30-day supply of a non-preferred brand name drug. Mail Service Program is available.	
<b>Wellness Benefit</b> Includes but is not limited to: annual physicals, annual GYN exams, routine screenings and testing, immunizations, and travel immunizations. (Includes coverage for the following vaccinations: Hepatitis A & B, Diptheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Annual Flu, Varicella, HPV, and Screenings such as cholesterol, lipid profiles, and blood panels)	100% of Preferred Allowance	No Benefits
<b>Medical Evacuation and Repatriation of Remains</b>	Services must be arranged in advance and provided by On Call International	

## Additional Benefits

**Amino Acid-based Elemental Formulas Benefit:** Benefits are payable on the same basis as any other sickness for amino acid-based elemental formulas, regardless of delivery method, for the diagnosis and treatment of (i) eosinophilic disorders and (ii) short bowel syndrome when the prescribing doctor has issued a written order stating that the amino acid-based elemental formula is medically necessary.

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

### **Clinical Breast Exams Benefit:**

Benefits are payable on the same basis as any other sickness for a clinical breast examination by a doctor for the early detection and prevention of breast cancer. For women 20 years of age to age 40, one exam every three years and for women 40 and over one exam annually.

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

**Colorectal Cancer Screening Benefit:** Benefits will be paid on the same basis as any other sickness for colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a doctor in accordance with guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology. Benefits are subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the plan.

**Contraceptive Drugs and Devices Expense Benefit:** We will pay Covered Expenses incurred by a Covered Person for drugs or devices intended for contraceptive purposes at 100%.

**Cytologic Screening:** We will pay Covered Expenses incurred by a Covered Person for cytologic screening as follows: 1) an annual cervical cytologic screening for women; 2) a cervical cytologic screening for women upon certification by an attending physician that the test is Medically Necessary.

**Diabetes Treatment Benefit:** We will pay benefits for Covered Expenses incurred by a Covered Person for the treatment of diabetes. Benefit will be paid on the same basis as any other condition.

**Early Intervention Services Benefit:** Benefits are payable for early intervention services up to five thousand dollars (\$5,000) per covered dependent child per plan year and shall not be subject to deductibles and coinsurance factors. Any amount paid by under this benefit for a dependent child will not be applied to any annual or lifetime maximum benefit contained in the plan. For the purpose of this benefit, "Early Intervention Services" means, but is not limited to, speech and language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices for dependents from birth to age three (3) who are certified by the department of human services as eligible for services under the Individuals with Disabilities Education. Benefits are payable to certified early intervention providers, who are designated as such by the Department of Human Services, for early intervention services as defined in this section at rates of reimbursement equal to or greater than the prevailing integrated state/Medicaid rate for early intervention services as established by the Department of Human Services.

### **Enteral Formulas Benefit**

Benefits are payable for nonprescription enteral formulas for home use for which a doctor has issued a written order and which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo-obstruction, and inherited diseases of amino

acids and organic acids. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein. Provided, however, that coverage shall not exceed an amount of two thousand five hundred dollars (\$2,500) per covered member per year.

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

**Experimental Cancer Drug Benefit:** We will pay benefits for Covered Expenses incurred for prescription drugs including any drug used for the treatment of cancer, provided that such drug is either approved by the FDA for that indication or such drug is recognized for treatment of such indication in one of the student reference compendia or in the medical literature.

### **General Anesthesia Benefit:**

Benefits are payable on the same basis as any other sickness for general anesthesia and associated facility charges for dental procedures rendered in a hospital or ambulatory surgical treatment center. Benefits are only payable for covered persons if any of the following applies:

- a) the covered person is a child age 6 or under;
- b) the covered person has a medical condition that requires hospitalization or general anesthesia for dental care; or
- c) the covered person is disabled.

"Disabled" as used in this benefit means a person, regardless of age, with a chronic disability if the chronic disability meets all of the following conditions:

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

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

**Hearing Aid Benefit:** Benefits are payable for hearing aids up to a maximum benefit of four hundred dollars (\$1,400) per year for each three-year period. This benefit for hearing aids will not be subject to any deductibles or copayment requirements. However, the benefit will be subject to any co-insurance provisions. The hearing aid must be dispensed by an individual properly licensed to dispense hearing aids.

**Home Health Care:** We will pay Covered Expenses incurred for services rendered by a Home Health Care Agency for the care and treatment of a covered Injury or Sickness. Home health care means nursing care and treatment and Daily Living Services provided to a Covered Person in His home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits: 1) the Home Health Care plan must be established and approved in writing by a Covered Person's attending doctor, including certification in writing by the attending doctor that confinement in a Hospital or extended care facility would be required in the absence of Home Health Care; 2) nursing care and treatment must be provided by a Hospital certified to provide Home Health Care Services or by a certified Home Health Care Agency; and 3) Daily Living Services must be approved in writing by the attending doctor or by the provider of the nursing care services. The home health care program must be formulated and supervised by the Insured Person's doctor and must

not exceed six (6) home or office doctor's visits per month, three (3) nursing visits per week, and twenty (20) hours of home health aide visits per week. Benefits include the following as needed: physical or occupational therapy as a rehabilitation service, respiratory service, speech therapy, medical social work, nutrition counseling, part-time nursing care furnished by or under the supervision of a registered nurse, part-time home health aide services, prescription drugs and medication, medical and surgical supplies, such as dressings, bandages and casts, minor equipment such as commodes and walkers, laboratory testing, x-rays and EEG and EKG evaluations. Communicable diseases and Mental or Nervous Disorders are excluded from home health care coverage.

**Benefit for Infertility:** We will pay Medically Necessary Covered Expenses incurred for the diagnosis and treatment of infertility on the same basis for any other covered Sickness. However, any applicable copayment will not exceed 20%. For the purpose of this provision, "Infertility" means the condition of an otherwise presumably married individual who is unable to conceive or produce conception during a period of one (1) year.

**Lyme Disease Treatment Benefit:** Benefits are payable for medically necessary diagnostic testing and long-term antibiotic treatment of chronic lyme disease when ordered by a doctor.

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

**Mammography:** We will pay Covered Expenses incurred by a Covered Person for periodic mammography examinations on the following schedule: 1) one baseline mammogram for women; 2) an annual screening mammogram for women.

**Maternity Care Benefit:** A Covered Person and her newly born child shall receive a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section. The time period for inpatient care may be less if approved by the attending doctor after consultation with the mother. If the time period for inpatient care is reduced, the Covered Person and her newborn care eligible for post-discharge care. Post discharge care consists of a minimum of two visits by a registered professional nurse, at least one of which is at the Covered Person's residence, for the purpose of providing a physical assessment of the Covered Person and her newborn, parent education, assistance and training in breast or bottle feeding, education and service for complete childhood immunizations, the performance of any necessary and appropriate clinical test and submission of metabolic specimen satisfactory to the state laboratory.

**Mental Illness and Substance Abuse Expense Benefit:** As used in this benefit, the term "Mental Illness" means: any mental disorder and substance abuse disorder that is listed in the most updated publication or volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization. Tobacco and caffeine are excluded from the definition of "substance". "Mental Illness" does not include: a) mental retardation; b) learning disorders; c) motor skills disorders; d) communication disorders; and e) mental disorders classified as "V" codes.

Mental Illness coverage includes the following when Medically Necessary: inpatient hospitalization, partial hospitalization provided in a hospital or any other licensed facility, intensive outpatient services, outpatient services and community residential care services for substance abuse treatment. It does not include methadone maintenance services or community residential care services for mental disorders other than substance abuse disorders.

If a Covered Person requires Medically Necessary care for a mental disorders or substance abuse, We will pay for such treatment as follows:

## **Benefits for Inpatient Hospital Confinement:**

- I. When the Covered Person requires hospital confinement for treatment of a mental disorder, the Company will pay the coinsurance percentage of Covered Expenses incurred for such hospital confinement on the same basis as any other covered Sickness. Such confinement must be in a licensed or certified facility, including hospitals.
- II. When the Covered Person is confined as an inpatient for the treatment of substance abuse disorder in: a) a Hospital licensed in Rhode Island or b) a department of health public or private licensed community residential facility, the Company will pay the coinsurance percentage of the Covered Expenses incurred for the following:
  - Hospital confinement on the same basis as any other covered Sickness.

The Company covers such expenses on the same basis as any other covered Sickness.

**Partial Hospitalization Benefit:** At the Company's option, and where medically appropriate, a period of confinement may be calculated by substituting two days of outpatient treatment at a community mental health center or other mental health clinic or psychiatric day treatment center licensed by the Department of Public Health, or two days of outpatient day treatment at a psychiatric Hospital licensed by the Department of Public Health, for one day of inpatient hospital care.

The Company covers such expenses on the same basis as any other covered Sickness.

**Osteoporosis Testing and Treatment Benefit:** Benefits are payable on the same basis as any other sickness coverage for medically necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

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

**Benefits for Scalp Protheses:** Benefits will be paid for the Usual and Customary Charges up to a maximum of \$350.00 annually for wigs or other scalp protheses necessary for the comfort and dignity of the Covered Person following hair loss as a result of treatment of cancer and other conditions treated by chemotherapy or radiation therapy.

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

**Benefits for Outpatient Services:** The Company will pay the coinsurance percentage of the Covered Expenses incurred for covered outpatient services for the treatment of mental disorder and substance abuse.

Such outpatient services are limited to the following:

Community residential care services for treatment of a substance abuse disorder shall be provided, and Outpatient Treatment and doctor services include charges made by an outpatient treatment department of a hospital or community mental health facility or charges for services rendered in a doctor's office. Treatment may be provided by any properly licensed doctor, psychologist or other provider as required by law.

We will pay for such expenses on the same basis as any other covered Sickness.

**Pediatric Preventive Care:** We will pay benefits for Covered Expenses incurred by Dependent Children for pediatric care. Benefits will be paid on the same basis as any other covered Sickness.

**Reconstructive Breast Surgery Benefit:** We will pay benefits for Covered Expenses incurred by a Covered Person for prosthetic devices and/or reconstructive breast surgery in order to achieve symmetry, incident to a mastectomy. Benefits will be paid on the same basis as any other covered Sickness.

## Extension of Benefits after Termination

The coverage provided under this plan ceases on the termination date. However, if a Covered Person is hospital confined on the termination date from a covered Accident or Sickness for which benefits were paid before the termination date, Covered Expenses for such Accident or Sickness will continue to be paid until discharged but not to exceed 90 days after the termination date.

The total payments made in respect of the Covered Person 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.

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## Limitations and Exclusions

The Plan does not cover or provide benefits for:

1. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **Covered Expense** associated with an **Injury** covered by the plan. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
2. Vision services and supplies related to eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses;
3. Dental Care or Treatment, except for accidental Injury to Natural Teeth as specifically provided for in the Schedule;
4. 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);
5. Participation in a riot or civil disorder, commission of or attempt to commit a felony;
6. Skydiving; parachuting; bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline;
7. Treatment in a government hospital unless there is a legal obligation for the Covered Person to pay for the treatment;
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; hirsutism; Gynecomastia; other than as specifically provided in the plan;
9. Elective surgery and elective treatment and voluntary testing, except as required to correct an injury for which benefits are otherwise payable under the plan; including but not limited to: Patient controlled analgesia (PCA); circumcision; Biofeedback - services and supplies related to biofeedback;
10. Injury or Sickness for which benefits are paid under any loss covered by state or Federal Worker's Compensation Law, employers liability law, Occupational Disease Law, or similar laws or act;
11. Benefits will not be paid under continuation of coverage expenses up to the amount paid or payable under any valid collectible insurance for treatment of injuries sustained by reason of a covered motor vehicle accident;
12. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
13. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; The Diagnosis or Treatment of temporomandibular joint dysfunction; nasal and sinus surgery (unless required due to an injury resulting from a Covered Accident while the Covered Person is insured under this plan;

14. Organ transplants;
  15. Reproductive services including but not limited to: tubal ligation; vasectomy; sexual reassignment surgery;
  16. Services, supplies and/or treatment for acne;
  17. For international students, expenses incurred within the Covered Person's home country or country of regular domicile;
  18. Surgery and/or treatment for allergy including allergy testing; alopecia; biofeedback-type services; circumcision; toenails; family planning; gynecomastia; hirsutism; learning disabilities; obesity and any condition resulting from (including hernia of any kind); patient controlled analgesia (PCA); sexual reassignment surgery; sleeping disorders, including testing thereof; tuba! ligation; vasectomy; and weight reduction; expenses incurred during a hospital emergency room visit which is not of an emergency nature. Elective surgery or elective treatment including any service, treatment or supplies that 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States;
  19. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
  20. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgical weight loss procedures, surgery for removal of excess skin or fat and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.
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## Primary Medical Coverage

We pay Covered Expenses without regard to any other Health Care Plan the Covered Person may have after any applicable Deductible and Copayment is satisfied. Covered Expenses and any applicable Deductible and Copayment are shown in the Schedule of Benefits.

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## Claims Procedures

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

1. Report immediately to the Student Health Service for treatment or referral. Dependents are not required to use Student Health Service. When not in school or the Student Health Service is closed, report to the nearest Physician or Hospital.
  2. Notify the Claims Administrator, HealthSmart (formerly Klais and Company, Inc.) within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as it is reasonable.
  3. 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.
  4. 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 the student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, HealthSmart (formerly Klais and Company, Inc.).
  5. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, HealthSmart (formerly Klais and Company, Inc.)
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## Important Notice

This information is a brief summary of the insurance plan. The benefits, conditions, limitations and exclusions are set forth in the policy (Form AH-27261) issued to and on file at the school. Complete details may be found in the policy on file at your school's office. Please keep this information as a reference.

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## 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 800-331-1096 or by visiting us at [www.Klais.com](http://www.Klais.com).

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## 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/RISD](http://www.gallagherkoster.com/RISD) 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](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 800-406-4512.

- 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/RISD](http://www.gallagherkoster.com/RISD).

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## Questions? Need More Information?

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

### Gallagher Koster, Inc.

500 Victory Road, Quincy, MA 02171

617-769-6045 or 1-800-406-4512

[www.gallagherkoster.com/RISD](http://www.gallagherkoster.com/RISD)

Email: [RISDStudent@gallagherkoster.com](mailto:RISDStudent@gallagherkoster.com)

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 (formerly Klais and Company, Inc.)

1867 West Market Street

Akron, OH 44313

1-877-349-9017

Email: [Klaisclaims@klais.com](mailto:Klaisclaims@klais.com)

To review claims online, go to <http://www.healthsmart.com/> and register for StatusLink

For information on all participating healthcare providers, please contact:

### First Health

1-800-226-5116

[www.FirstHealth.com](http://www.FirstHealth.com)

For information about prescription drug coverage, please contact:

**Express Scripts (formerly MEDCO) Pharmacy Network**

1-800-344-3405

[www.express-scripts.com](http://www.express-scripts.com)

For information on the discount EyeMed Vision Plan, please contact:

**EyeMed**

1-866-8EYEMED

[www.enrollwiththeyemed.com](http://www.enrollwiththeyemed.com)

For information on the Dental Savings Plan, please contact:

**BASIX, LLC**

(888) 274-9961

[www.basixstudent.com](http://www.basixstudent.com)

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