

**STUDENT
ACCIDENT & SICKNESS
INSURANCE**



**ALVERNIA
UNIVERSITY**

("the Policyholder")

Reading, Pennsylvania

2010 - 2011

Underwritten By
National Union Fire Insurance Company of
Pittsburgh, Pa, with its principal place of business
in New York, NY ("the Company")

Administrative Policy Number: CHH0071071
Underwriting Reference Number: CAS9499776

The Policy is non-renewable one-year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

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INTRODUCTION

This is only a brief description of the coverage available under policy series S30494NUFIC-PA. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this brochure and the Policy, the Policy will govern in all cases.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statutes.

POLICY TERM

The Master Policy on file at Alvernia University becomes effective at 12:01 a.m. on August 18, 2010 and terminates at 12:01 a.m. on August 18, 2011.

ELIGIBILITY

■ **Compulsory**

All Alvernia University undergraduate full-time day students are required to have some form of medical insurance. Full-time students will be charged the insurance premium for the Student Accident and Sickness Insurance Plan unless coverage is waived. If waiving, proof of existing insurance must be submitted by the applicable waiver deadline date. An eligible student’s coverage becomes effective 12:01 a.m. on August 18, 2010 for Fall Semester; January 1, 2011 for Spring Semester; May 7, 2011 for Summer Semester and terminates at 12:01 a.m. on August 18, 2011.

► **Waiver**

Students who have coverage under another creditable coverage may waive enrollment in the Alvernia University Student Accident and Sickness Insurance Plan online by visiting www.maksin.com/alvernia.aspx. Current students who involuntarily lose another creditable coverage during the school year should contact Maksin Management Corp at 1-877-440-6840 within 31 days of loss of coverage. All full-time students must complete the enrollment/waiver process each Policy Year.

► **Waiver Deadline Dates**

Waivers must be submitted online no later than:
 Fall SemesterSeptember 15, 2010
 Spring Semester.....February 16, 2011
 Summer Semester.....June 3, 2011

■ **Voluntary**

Voluntary Enrollment is available to all registered part time Alvernia University students. To enroll, visit www.maksin.com/alvernia.aspx.

An eligible student’s coverage becomes effective 12:01 a.m. on August 18, 2010 or the day after the postmark date of the premium payment, whichever is later and terminates on the earliest of 12:01 a.m. on August 18, 2011 or at the end of the period through which the premiums are paid.

► **Enrollment Deadline Dates**

Voluntary Enrollment must be completed by:
 Fall Semester.....September 15, 2010
 Spring Semester.....February 16, 2011
 Summer Semester.....June 3, 2011

COST OF INSURANCE

■ **COMPULSORY**

	Annual	Spring*	Summer*
	<u>8/18/10-8/18/11</u>	<u>1/01/11-8/18/11</u>	<u>5/07/11-8/18/11</u>
23 Yrs. & Under	\$ 792.00	\$ 497.00	\$ 223.00
24-33 Yrs.	\$ 912.00	\$ 572.00	\$ 257.00
34 Yrs. & Over	\$1,284.00	\$ 806.00	\$ 362.00

■ **VOLUNTARY**

	Annual	Spring*	Summer*
	<u>8/18/10-8/18/11</u>	<u>1/01/11-8/18/11</u>	<u>5/07/11-8/18/11</u>
23 Yrs. & Under	\$ 936.00	\$ 587.00	\$ 264.00
24-33 Yrs.	\$1,068.00	\$ 670.00	\$ 301.00
34 Yrs. & Over	\$1,512.00	\$ 949.00	\$ 427.00

*New incoming student only.

ENROLLMENT PERIOD

Students wishing to purchase voluntary coverage must enroll during the open enrollment period at the beginning of the Fall Semester. The Spring Semester open enrollment period is available only for new students first entering Alvernia for the Spring Semester.

Late enrollment after the waiver/enrollment deadline will be considered only if a change has occurred in the Covered Person’s status regarding coverage, other than voluntary termination of the coverage, that was in force during the open enrollment period. Proof (within 31 days of insurance status change) is required at the time of enrollment. For late enrollment, please contact Maksin Management Corp at 1-877-440-6840.

PREMIUM REFUND POLICY

Except for medical withdrawal due to an Injury or Sickness, any student withdrawing from the school during the first 31 days of the period for which coverage is purchased shall not be covered under this Plan and a full refund of the premium will be made. Students withdrawing after 31 days will remain covered under this 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.

Coverage for a Covered Student entering the Armed Forces of any country will terminate as of date of such entry. The Covered Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request within 90 days.

DEFINITIONS

"Accident" means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

"Covered Person" means a Covered Student while coverage under the Policy is in effect.

"Doctor" means: (a) legally qualified physician licensed by the state in which he or she practices; and (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 such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

"Elective Treatment" means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

"Eligible Expense" means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any; and (d) incurred while the Policy is in force as to the Covered Person.

"Emergency Medical Condition" means a Sickness or Injury with acute symptoms of severity or severe pain for which: (a) care is sought as soon as possible after the medical condition becomes evident to the Covered Person or the Covered Person's parent or guardian; and (b) the absence of immediate medical attention could result in: (1) placing health in serious jeopardy; (2) serious impairment to bodily functions; (3) or serious dysfunction of any body part. Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

"Hospital" means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured

and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located]. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"Injury" means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

"Medical Necessity/Medically Necessary" means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is experimental/investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual or Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Reasonable and Customary" means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a

covered service in the geographic area by those of similar professional standing.

“Geographic area” means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFIT

EXPRESS SCRIPTS PHARMACY NETWORK

Website: www.express-scripts.com
Toll-free telephone number: 1-800-451-6245

After a co-payment of \$10 for generic or \$30 for a brand name drug (per prescription or refill) the cost of prescription drugs is payable in full, up to a maximum of \$600 per Policy Year. Each prescription and each refill is limited to a 30-day supply per month.

This prescription benefit is based upon prescriptions being filled by an Express Scripts participating pharmacy only. There is no non-participating pharmacy benefit. A list of participating pharmacies is available for review at www.express-scripts.com

Mail Order: Each prescription and each refill is limited to a 90-day supply. With mail order home delivery, prescriptions are directly delivered to the Covered Person's home with free standard shipping. Once the Covered Person begins using home delivery, he or she can order refills online or by phone. For more information go to www.express-scripts.com or call 1-800-451-6245.

Eligible prescriptions obtained prior to receiving an ID card will be paid on a reimbursement basis and a claim form will need to be filed with Express Scripts. Copies of the labels for prescriptions dispensed and receipts of payment are required. For more information or to obtain an Express Scripts claim form, please call Express Scripts at 1-800-451-6245.

PLAN SUMMARY

▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

When, because of an Injury, the Covered Person suffers any of the following Losses the Company will pay as follows:

<u>For Loss Of:</u>	<u>Benefit Amount:</u>
Life	\$1,000
Two Hands or Two Feet or Sight of Two Eyes.....	\$1,000
One Hand and One Foot	\$1,000
One Hand and Sight of One Eye	\$1,000
One Foot and Sight of One Eye	\$1,000
One Hand or One Foot or Sight of One Eye	\$ 500

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means the total, irrevocable loss of the entire sight in that eye. "Severance" means the complete separation and dismemberment of the part from the body. If a Covered Student suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

▶ **BASIC ACCIDENT MEDICAL EXPENSE BENEFIT**

If as the result of Injury, a Covered Person incurs eligible expenses, the Company will pay the Reasonable and Customary charges incurred, up to a maximum of \$2,500 per Injury. After \$2,500 in Eligible Expense per Injury has been paid, benefits will be payable under the Supplemental Accident and Sickness Medical Expense Benefit. Initial treatment must be rendered within 90 days of the Injury. Eligible Expenses must be incurred within 52 weeks from the date of the Accident.

- **Hospital Room and Board Expense:** The Company will pay the Reasonable and Customary charges incurred up to the daily semi-private room rate.
- **Miscellaneous Hospital Expense:** The Company will pay the Reasonable and Customary charges incurred during a hospital confinement or day surgery on an outpatient basis. Such Eligible Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary prescribed hospital expenses.
- **Surgical Expense (Inpatient or Outpatient):** The Company will pay the Reasonable and Customary charges incurred for surgery performed by a Doctor. Benefits will be paid in accordance with the Medical Data Research Schedule for Reasonable and Customary charges.

When Injury or Sickness requires multiple Surgical Procedures through the same incision, the Company will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Eligible Expenses of the most expensive Surgical Procedure then being performed, and with regard to the

less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Eligible Expenses for these procedures.

- **Anesthesia Expense:** If in connection with surgery the Covered Person requires the services of an anesthetist, the Company will pay the Reasonable and Customary charges incurred up to 30% of the surgical benefit.
- **Doctor Visit Expense (Inpatient and Outpatient):** If a Covered Person requires the services of a Doctor, both in and out of the hospital, the Company will pay the Reasonable Customary charges incurred.
- **Outpatient Expense:** If a Covered Person requires the use of or services for a hospital outpatient department, emergency room, or diagnostic x-ray and laboratory tests or any other services or supplies on an outpatient basis, the Company will pay the Reasonable and Customary charges.
- **Consultant Expense Benefit (Inpatient and Outpatient):** If a Covered Person requires the service of a Consultant or Specialist when they are deemed necessary and ordered by an attending Doctor for the purpose of confirming or determining a diagnosis, the Company will pay the Reasonable and Customary charges incurred.
- **Ambulance Expense:** If a Covered Person requires the use of a community or hospital ambulance for a Emergency Medical Condition, the Company will pay the Reasonable and Customary charges incurred.
- **Dental Expense:** The Company will pay the Reasonable and Customary charges incurred for dental treatment made necessary by Injury to sound and natural teeth, up to \$200 per tooth, not to exceed \$2,500 per Injury.

► **BASIC SICKNESS MEDICAL EXPENSE BENEFIT**

If as the result of Sickness, a Covered Person incurs medical expenses, the Company will pay the Reasonable and Customary charges incurred, as allocated below, up to a maximum of \$2,500 per Sickness. After \$2,500 in Eligible Expenses per Sickness has been paid, benefits will be payable under the Supplemental Accident and Sickness Medical Expense Benefit. Eligible Expenses must be incurred within 52 weeks from date of first treatment for a Sickness.

- **Hospital Room and Board Expense:** The Company will pay Reasonable and Customary charges incurred up to the daily semi-private room rate.
- **Miscellaneous Hospital Expense:** The Company will pay the Reasonable and Customary charges incurred during a hospital confinement or day surgery on an outpatient basis. Such Eligible Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies;

(e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses.

- **Surgical Expense (Inpatient or Outpatient):** The Company will pay the Reasonable and Customary charges incurred up to a maximum of \$1,200 per Sickness for surgery performed by a Doctor. Benefits will be paid in accordance with the Medical Data Research Schedule for Reasonable and Customary charges.

When Injury or Sickness requires multiple Surgical Procedures through the same incision, the Company will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Eligible Expenses of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Eligible Expenses for these

- **Anesthesia Expense:** If in connection with surgery, the Covered Person requires the services of an anesthetist, the Company will pay the Reasonable and Customary charges incurred up to 25% of the surgical benefit, not to exceed \$250 per Sickness.
- **Doctor Visit Expense (Inpatient and Outpatient):** If a Covered Person requires the services of a Doctor, both in and out of the hospital, the Company will pay the Reasonable and Customary charges incurred up to a maximum of \$45 per visit, not to exceed \$250 per Sickness.
- **Outpatient Expense:** If a Covered Person requires the use of or services for a hospital outpatient department, emergency room, or diagnostic x-ray and laboratory tests or any other services or supplies on an outpatient basis, the Company will pay the Reasonable and Customary charges incurred up to a maximum of \$350 per Sickness.
- **Consultant Expense Benefit (Inpatient and Outpatient):** If a Covered Person requires the service of a Consultant or Specialist when they are deemed necessary and ordered by an attending Doctor for the purpose of confirming or determining a diagnosis, the Company will pay the Reasonable and Customary charges incurred up to a maximum of \$50 per Sickness.

- **Ambulance Expense:** If a Covered Person requires the use of a community or hospital ambulance for a Emergency Medical Condition, the Company will pay the Reasonable and Customary charges incurred up to a maximum of \$1,000 per Sickness.
- **Mental and Nervous Disorders Expense:** When the Covered Person requires treatment for a Mental or Nervous Disorder, both in and out of the hospital, the Company will pay the Reasonable and Customary charges incurred up to \$50 per visit, not to exceed \$500 per academic year.

► **SUPPLEMENTAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT**

When Eligible Expenses paid exceed \$2,500 per Injury or Sickness, the Company will pay 80% of the Reasonable and Customary charges incurred, in excess of \$2,500 per Injury or Sickness, up to an additional maximum of \$47,500 per Injury or Sickness. The Lifetime Aggregate Maximum for Basic and Supplemental Plans combined is \$50,000 per Injury or Sickness. Eligible Expenses must be incurred within 104 weeks from the date of the Accident or first treatment of Sickness

The following Eligible Expenses will be paid under the Supplemental Accident and Sickness Expense Benefit: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthesiologist; (e) assistant surgeon; (f) inpatient and outpatient Doctor visits; (g) consultant; (h) licensed nurse; (i) hospital outpatient department; (j) emergency room; (k) diagnostic x-ray and laboratory tests; (l) inpatient prescription drugs; (m) ambulance; and (n) other Medically Necessary Eligible Expenses incurred for the treatment of an Injury or Sickness.

OTHER ELIGIBLE EXPENSES

Annual Physical Examination Benefit: The Company will pay 70% of the Reasonable and Customary charges, not to exceed \$100 per policy year.

Cancer Treatment Reimbursement Expense Benefit - The Company covers expenses incurred for cancer chemotherapy and cancer hormone treatments and services which have been approved by the United States Food and Drug Administration for general use in treatment of cancer. The treatments may be performed in a Doctor's office, an outpatient department of a Hospital, in a Hospital inpatient or in any other medically appropriate treatment setting. The Company covers such charges the same way We treat Eligible Expenses for any other Sickness.

Childhood Immunizations Benefit - Benefits will be paid in accordance with the Pennsylvania Department of Health childhood

immunization law. No deductible, coinsurance or dollar limit shall apply.

Diabetes Expense Benefit - The Company covers expenses incurred for equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non insulin-using diabetes if prescribed by the Covered Person's Doctor. Equipment and supplies include the following: (1) blood glucose monitors, (2) monitor supplies, (3) insulin, (4) injection aids, (5) syringes, (6) insulin infusion devices, (7) pharmacological agents for controlling blood sugar and (8) orthotics. Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed health care professional with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a Doctor includes: (1) visits Medically Necessary upon the diagnosis of diabetes; (2) visits under circumstances whereby a Doctor identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and (3) where a new medication or therapeutic process relating to the Covered Person's treatment and/or management of diabetes has been identified as Medically Necessary by a licensed Doctor. The Company covers such charges the same way the Company treats Covered Charges for any other Sickness.

Home Health Care Expense Benefit – When by reason of Injury or Sickness, a Covered Person incurs Eligible Expenses for covered home health care services, the Company will pay the Covered Charges based on the amount of the Eligible Expenses incurred.

Mammography Examination Expense Benefit - If a Covered Person requires a mammography exam, the Company will pay for the following: (a) one or more mammograms a year, as recommended by a Doctor, for any woman 40 years or older; (b) any mammogram based on the recommendation of a Doctor for any woman under 40 years of age. Benefits are paid the same as any other office visit or lab test under this Plan.

Mastectomy Expense Benefit - The Company covers charges following a covered Mastectomy for the following services: (a) reconstruction of the breast on which the Mastectomy was performed; (b) surgery and reconstruction of the other breast to produce symmetrical appearance; (c) prostheses; (d) physical complications including lymphedemas and (e) one Medically Necessary home health care visit within 48 hours after discharge when the discharge occurs within 48 hours following admission for the mastectomy. Surgery and reconstruction will be provided in a manner determined by the attending Doctor and the Covered Person to be appropriate. The Company covers such charges the same way the Company treats Covered Charges for any other Sickness.

Maternity Expense Benefit - The Company will pay benefits for a Covered Person's Covered Charges for maternity care, including Hospital, surgical and medical care.

The Company covers charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a Covered Person and her newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes a decision for an earlier discharge from the Hospital. The Company also covers Eligible Expenses for at least one home care visit if the mother is discharged earlier than the time periods provided above. The visit must be requested within 48 hours of the delivery (96 hours in the case of a cesarean section). Such visits must be made by a licensed home health care provider whose scope of practice includes post partum care. Home health care visits include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. Eligible Expenses for the home care visits are not subject to any Deductible, Coinsurance or Copayments.

Newborn Infant Care - Newborn infant care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This does include: (a) charges for routine Doctor's examinations and tests; and (b) charges for routine procedures. This benefit does not include circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, including premature birth and routine nursery care. Covered services include charges by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility. The Company covers such charges the same way the Company treats Eligible Expenses for any other Sickness.

Nutritional Supplements - The Company provides coverage for the cost of nutritional supplements (formulas) for the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria on the same basis as any other outpatient prescription. This benefit is exempt from the annual deductible.

Women's Preventive Health Services Benefit -The Company will pay for an annual gynecological exam, including a pelvic exam and clinical breast exam; and a routine Pap Smear. Benefits are paid the same as any other office visit or lab test under this Plan.

This plan also covers any applicable mandated benefits.

REPATRIATION AND MEDICAL EVACUATION

► **Repatriation of Remains**

In the event of the death of an Covered Person, the Company pay the actual charges up to a maximum of \$7,500 for preparing and transporting the Covered Person's remains to his or her home country. Eligible Expenses include expenses for embalming, cremation, coffins and

transportation. Repatriation of remains must be approved in advance by the Company.

► **Emergency Medical Evacuation**

In the event of a serious Injury or Sickness, the Company will pay the Reasonable and Customary charges incurred up to a maximum of \$10,000 to evacuate a Covered Person if: (a) the Covered Person's medical condition warrants immediate transportation from the place where the Covered Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local hospital, the Covered Person's medical condition warrants transportation to the Covered Person's home country to obtain further medical treatment to recover. Emergency medical evacuation must be approved in advance by the Company.

EXCLUSIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, except for treatment resulting from Injury to sound natural teeth.
2. for services normally provided without charge by Alvernia University's Health Service, Infirmary or Hospital, or by health care providers employed by Alvernia University.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such except for aphakic patients (including lenses required after cataract surgery and soft lenses or sclera shells to treat Sickness or Injury); radial keratotomy or laser surgery; hearing aids, or prescriptions or examinations for such except as required for repair caused by a covered Injury. Eye refraction is not covered.
4. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which the Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law.
7. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. for cosmetic surgery except as required to correct an Injury for which benefits are otherwise payable under the Policy or as

specifically provided for in the Policy. "cosmetic surgery" shall not include reconstructive surgery to correct or repair abnormal structures of the body caused by trauma, infection, tumors or disease. It also shall not include breast reconstructive surgery after a mastectomy.

10. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
11. for preventive treatment, testing, medicines, serums, or vaccines except as specifically provided in the Policy.
12. as a result of committing or attempting to commit an assault or felony or participation in a felony or riot.
13. for Elective Treatment or elective surgery unless otherwise provided in the Policy.
14. for any services rendered by a Covered Person's immediate family member.
15. for a treatment, service or supply which is not Medically Necessary.
16. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
17. for treatment of temporomandibular joint disorder.
18. for treatment of psychiatric conditions except as specifically provided in the Policy.
19. beyond 365 days under the Basic Accident or Basic Sickness Medical Expense Benefit or, 104 weeks under the Supplemental Accident and Sickness Medical Expense Benefit, from the date of the Injury or initial medical treatment of the Sickness.
20. for surgery and/or treatment of: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
21. for routine medical care, physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
22. for artificial insemination or in vitro fertilization.
23. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles).
24. for elective abortions.
25. for Injury resulting from: the practicing for, participating in intercollegiate, club, or professional sports, including travel to and from the activity and practice.
26. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.

27. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

The exclusions below are applicable to the Accidental Death and Dismemberment Benefit and are in addition to any other Exclusions and Limitations above that may apply. No benefits will be payable for any Loss caused by:

- (a) Sickness, disease, mental incapacity or bodily infirmity whether the Loss results directly or indirectly from any of these;
- (b) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of an underlying Sickness, disease or condition;
- (c) medical or surgical treatment, except for a Loss that results directly from a surgical operation made necessary by an Injury which is the result of an Accident.

CLAIM PROCEDURE

In the event of an Injury or Sickness the Covered Person should:

1. Obtain claim forms from the Claims Administrator, Maksin Management Corp.
2. Doctors and hospitals may submit itemized bills directly to Maksin Management Corp electronically or by mailing them to the address below.
3. Complete a claim form and mail it to Maksin Management Corp within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Maksin Management Corp, PO Box 2647, Camden, NJ 08101-2647.
4. Claim forms are available online at www.maksin.com or by calling 877-440-6840. If the providers have given you bills, attach them to the claim form.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Maksin Management Corp. Online claim status is available at www.maksin.com or by calling 877-440-6840.
6. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to Maksin Management Corp. No additional claim forms are needed as long as the Covered Person's name and identification number are included on the bill.

At The Maksin Group, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to our website at www.maksin.com.

REIMBURSEMENT AND SUBROGATION

If the Company pays covered expenses for an Accident or Injury the Covered Person incurs as a result of any act or omission of a third party and the Covered Person later obtains recovery from the third party, the Covered Person is obligated to reimburse the Company for the expenses paid. The Company may also take subrogation action directly against the third party. The Company's reimbursement rights are limited by the amount the Covered Person recovers. The Company's reimbursement and subrogation rights are subject to deduction for the pro-rata share of the Covered Person's costs, disbursements and reasonable attorney fees. The Covered Person must cooperate with and assist the Company in exercising the Company's rights under this provision and do nothing to prejudice the Company's rights.

APPEALS

If a claim is wholly or partially denied, a written notice will be sent to the Covered Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information, which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal.

COORDINATION OF BENEFITS

The Policy will coordinate benefits with any valid and collectible insurance or plan as outlined in the Master Policy so that combined payment under all programs will not exceed 100% of charges incurred for Eligible Expenses. The Master Policy is on file at the University.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this health plan is "creditable coverage" under Federal Law. When a Covered Person's coverage terminates, he or she can request a Certificate of Creditable Coverage that is evidence of coverage under this Plan. A Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after his or her coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions a person has before he or she enrolled, this Certificate may be used to reduce or eliminate those exclusions and limitations. In order to obtain a Certificate of Creditable Coverage, please contact: Maksin Management, P.O. Box 2647, Camden, NJ 08101-2647. Or you may call toll free at 877-440-6840.

TRAVEL GUARD

Procedures on How to Access Travel Guard 24-hour Assistance Call Center

How to Contact Travel Guard:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an international operator.
 - Request the operator to place a collect call to the USA at 715-295-9625.
- Our fax number is 01-713-974-3422.

When to Contact Travel Guard:

- Call Travel Guard when you require medical assistance or have a medical emergency.
- Call Travel Guard for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- Call Travel Guard whenever there is a question.

Travel Guard is available 24-hours-a-day/
7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Services Medical Staff consists of full-time, onsite Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide to Travel Guard when you call:

- Advise Travel Guard who you are insured by.
- Provide your Policy number.
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

Description of Services

Information/General: These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage and relay and translation services.

- Visa and Immunization
- Weather and Exchange Rates
- Environmental and Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers and vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Embassy/Consulate Information
- Lost/Stolen Luggage and Personal Effects Assistance
- Lost Document Assistance and Cash Transfer Assistance
- Enroute Travel Assistance
- Claims-related Assistance
- Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

Medical Assistance:

- Medical Referral
- Outpatient Assistance
- Inpatient Assistance

Medical Transport:

- Medical Evacuation
- Repatriation of Mortal Remains

OTHER COVERAGE OPTIONS

Covered Students not eligible to re-enroll in the Student Accident and Sickness Insurance Plan after coverage under the Plan expires due to graduation or discontinuation of studies at Alvernia may elect to purchase other coverage. This election must be made prior to the expiration of your coverage. Contact Collegiate Insurance Resources for enrollment information.

Students in need of specialized coverage (International Travel or Long Term Major Medical) should contact Collegiate Insurance Resources at 1-800-322-9901 for possible options.

IMPORTANT NUMBERS

**ELIGIBILITY, BENEFIT QUESTIONS
AND CLAIM STATUS, CONTACT:**

Maksin Management Corp

PO Box 2647
Camden, NJ 08101-2647

Phone.....1-877-440-6840
Website.....www.maksin.com

■ **PLAN REPRESENTATIVE**



172 Bechtel Road
Collegeville, PA 19426
Phone1-800-322-9901
Website.....www.cirstudenthealth.com/alvernia

■ **ALVERNIA UNIVERSITY**

Health Center.....610-568-1467
Billing Office.....610-796-8319

■ **PARTICIPATING PHARMACY.....Page 6
Express Scripts**

Phone.....800-451-6245
Website.....www.express-scripts.com

■ **TRAVEL ASSISTANCE.....Page 17
Travel Guard**

See page 17 for more information.

■ **PARTICIPATING PROVIDERS**

For a List of Devon Health Services Participants:



Devon Health Services.....1-888-225-8932
Monday through Friday.....8:30 a.m. - 5:00 p.m.
Website.....www.devonhealth.com