

IMPORTANT NUMBERS

— THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES —

▶ GENERAL INSURANCE QUESTIONS



172 Bechtel Road, Collegeville, PA 19426

Phone.....800-322-9901

Fax.....610-489-9325

Website.....www.cirstudenthealth.com/northampton

— DIRECT CONTACT INFORMATION —

- **NCC STUDENT HEALTH and WELLNESS CENTER**610-861-5365
NCC Bursar's Office610-861-5407
NCC Admission's Office610-861-5504

- **PARTICIPATING PROVIDERS**Page 8



For a List of Devon Health Services Participants:

Phone1-888-225-8932

Monday through Friday8:30 a.m. - 5:00 p.m.

Websitewww.devonhealth.com

Valley Preferred



For a list of Valley Preferred Participants:

Phone1-800-955-6620

Websitewww.valleypreferred.com

- **PARTICIPATING PHARMACY**Page 9

For pharmacy locations. Phone number is effective for enrolled members only. An insurance ID card is required.

medco800-400-0136

Websitewww.medco.com

- **CLAIM ADMINISTRATOR**Page 15-16

For claim and benefit questions:

Administrative Concepts, Inc. (ACI)

994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802

Payor ID #: 22384

Phone888-293-9229

Websitewww.visit-aci.com

STUDENT ACCIDENT & SICKNESS INSURANCE



Northampton Community College

Northampton Domestic Student Insurance Plan

2010-2011

Underwritten By
BCS INSURANCE COMPANY

BSA-00130

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Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your insurance identification card. If, at anytime, you wish to request a copy of the Privacy Notice, write to BCS Insurance Company at: 2 Mid America Plaza, Suite 200, Oakbrook Terrace, Illinois 60181, Attn: HIPPA Privacy Officer or call 630-472-7752.

INTRODUCTION

This brochure is a brief description of the Accident and Sickness Insurance Plan for students living in on-campus residence facilities and attending Northampton Community College. The exact provisions governing the insurance are contained in the Master Policy issued to the College. The Master Policy shall control in the event of any conflict between the Policy and this brochure.

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.

COVERAGE TERM

The insurance coverage under Northampton Community College Student Accident and Sickness Insurance Plan is effective at 12:01 a.m. on August 1, 2010. The Coverage terminates at 12:01 a.m. on August 1, 2011 or the end of the period through which the premiums are paid.

ELIGIBILITY

All registered domestic students who are in on-campus attendance at Northampton Community College are eligible to purchase this insurance. The student must be enrolled in the NCC Domestic Policy for any eligible dependent to enroll in the Plan.

▶ ON CAMPUS RESIDENTS - WAIVER

Students who are residing on-campus are required to have health insurance. Students residing in the on-campus residence facilities who have coverage under a comparable policy may waive enrollment in the Northampton Community College Student Accident and Sickness Insurance Plan by completing the online waiver information. Go to www.northampton.edu/studentinsurance and select the WAIVER link. You will receive a confirmation email once you have completed the waiver process. This must be done by July 15, 2010 for the Fall enrollment. Failure to complete the online waiver process by the deadline will place you in the plan and the premium will be placed on your tuition bill. **Waivers submitted and accepted will be good for the entire school year. You will not have to repeat this process for the Spring.**

For new students entering the residence facilities in the Spring, an online waiver must be completed by December 15, 2010, in order for the NCC Student Accident and Sickness Insurance Plan to be waived. Failure to complete the online waiver process by the listed deadline, will place you in the plan and the premium will be placed on your tuition bill.

It is the student's responsibility to confirm that an insurance waiver credit is on your tuition bill within 2 weeks from the date you

completed the waiver. You must contact the Bursar's office no later than 2 weeks from the waiver deadline if the credit has not been applied.

▶ FOR COMMUTER STUDENTS

Students who are not residing in on-campus facilities may elect to enroll in the Northampton Community College Student Accident and Sickness Insurance Plan on a voluntary basis. Enrollment applications and the appropriate payment of premium must be received for Fall Enrollments by October 15, 2010, and February 14, 2011 for Spring Semester. Only new students entering the College will be eligible for enrollment in the Spring. Summer enrollment is available until June 10, 2011. Commuter students have the option to pay their premiums annually or by semester.

To enroll, go to the Northampton Community College website at www.northampton.edu/studentinsurance and click **ENROLLMENT FORM**. The enrollment application and all premiums must be sent to Collegiate Insurance Resources at 172 Bechtel Road, Collegeville, PA 19426. Check and/or money order should be made payable to BCS Insurance Company. You may also contact Collegiate Insurance Resources at 800-322-9901 for enrollment assistance.

▶ DEPENDENT ENROLLMENT

Any domestic student that desires to have their eligible dependent enrolled in the Northampton Community College Student Accident and Sickness Insurance Plan must complete an enrollment form. The student must be enrolled in the Plan in order to enroll their eligible dependent(s). Enrollment Forms are available online at www.northampton.edu/studentinsurance or from Collegiate Insurance Resources.

COST OF INSURANCE

The cost of insurance is:

	<u>Fall</u> 8/1/10 - 1/1/11	<u>Spring</u> 1/1/11 - 8/1/11	<u>Annual</u> 8/1/10 - 8/1/11
Resident Students . . .	\$274	\$ 380	\$ 654
Spouse	\$957	\$1,326	\$2,283
Child(ren)	\$809	\$1,122	\$1,931
	<u>Fall</u> 8/1/10 - 1/1/11	<u>Spring</u> 1/1/11 - 8/1/11	<u>Annual</u> 8/1/10 - 8/1/11
Commuter Students . . .	\$ 326	\$ 452	\$ 778
Spouse	\$1,139	\$1,578	\$2,717
Child(ren)	\$ 716	\$ 992	\$1,708

HEALTH AND WELLNESS CENTER REFERRAL

When at school, in the absence of a Medical Emergency, the student's first visit should be to the Northampton Community College Health and Wellness Center .

- ▶ The Health and Wellness Center office is open during Fall and Spring Semesters:

Monday - Friday 8:30 a.m. to 4:30 p.m.

The Health and Wellness Center office is closed Saturday, Sundays, holidays, and vacations. It is open limited hours during the Summer.

DEPENDENTS

Your lawful spouse and unmarried dependent children under age 19 who are not self-supporting, stepchildren, foster children, legally adopted children, and children of adoptive parents pending adoption proceedings may also become Covered Persons. Dependents must be enrolled for the same coverage as the student.

Dependent children will continue to be eligible for coverage if at the age of 19 the child is (1) incapable of self-sustaining employment by reason of mental retardation or physical handicap and (2) chiefly dependent upon the student insured for support and maintenance. Proof of the incapacity and dependency shall be furnished to the insurer by the Insured within 31 days of the child reaching age 19. Continued proof shall be furnished to the insurer on an annual basis thereafter. Dependent coverage expires concurrently with that of the covered student.

You are under no obligation to enroll dependents in this coverage. However, you must enroll for this coverage for your dependents and pay the required premium before their coverage will take effect.

- ▶ **Newborn Children** - All newborn children of any Covered Student are automatically covered at birth for 31 days for the same benefits as provided to Covered Persons. Coverage applies for any covered Injury or Sickness commencing during the 31 day period from the date of birth including abnormalities, prematurity, medically diagnosed congenital defects and routine nursery care. The Covered Student may continue coverage beyond 31 days upon enrollment within the 31 day period from the date of birth. A child adopted by a Covered Student will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

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 Person entering the Armed Forces of any country will terminate as of 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 within 90 days.

TERMINATION OF INSURANCE

Benefits are payable under this Plan only for those expenses incurred while this Plan is in effect as to the Insured Person. No benefits are payable for expenses incurred after the date the insurance terminates for the Covered Person, except as may be provided under Extension of Benefits.

EXTENSION OF BENEFITS

The coverage provided under the policy ceases on the Termination Date. However, if an Insured is totally disabled on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, covered medical expenses for such Injury or Sickness will continue to be paid for a period not to exceed 30 days after the Termination Date. The total payments made 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 and no further payments will be made.

OTHER COVERAGE OPTIONS

Insured Students not eligible to re-enroll in the Student Accident and Sickness Insurance Plan after your coverage under the Plan expires, due to graduation or discontinuation of studies at the College, may elect to purchase other coverage.

Contact Collegiate Insurance Resources for enrollment information prior to the expiration of student coverage.

Students in need of specialized coverage (International Travel or Long Term Major Medical) should contact Collegiate Insurance Resources for options.

ENROLLMENT PERIOD

Students and their eligible dependents wishing to purchase benefits must enroll during the open enrollment period at the beginning of the Fall Semester. Late enrollment is considered only if a change has occurred in your insured status regarding coverage that was in-force during the open enrollment period. Late enrollment must be completed within 30 days of the termination of other coverage. Contact Collegiate Insurance Resources for rates and forms. The Spring Semester open enrollment period is available only for new students first entering the University for the Spring Semester.

EXCESS PROVISION

No benefit under this Policy in excess of \$100.00 per Injury or Sickness is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or Accident insurance; or (2) under an automobile insurance policy.

DEFINITIONS

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Usual, Customary and Reasonable Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Plan is in force as to the Covered Person.

Covered Person means any Eligible Person and, where applicable, Eligible Dependents who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this Policy, provided the required premium for such Person's and Dependents insurance is paid when due.

Injury means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

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

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient.

Per Condition Aggregate Maximum means, for each Covered Person, the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Plan.

Physician means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

Preferred Allowance means the amount a Network Provider will accept as payment in full for Covered Charges.

Sickness means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and complications of pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

Usual, Customary, and Reasonable Charges - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.

We, Us or Our means BCS Insurance Company.

You, Your or Yours means the Insured Student.

Persons insured under this Plan may choose to be treated within or outside of the Devon Health Services (DHS) Network. DHS consists of hospitals, Doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Plan Summary. In order to use the services of a Network Provider, you must present an identification card which is mailed to all students insured under the Northampton Community College Student Accident and Sickness Insurance Plan.

Assignment of a network physician does not guarantee eligibility or right to Injury or Sickness benefits under this Plan. Providers may be periodically added or deleted as participants in the DHS Network. Not all physicians practicing at a hospital elect to participate in the DHS Network. Insured's are responsible to verify that a provider is a participant prior to services being rendered.

Valley Preferred



Persons insured under this Plan may choose to be treated within or outside of the Valley Preferred Network. Valley Preferred consists of hospitals, Doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Plan Summary. In order to use the services of a Network Provider, you must present an identification card which is mailed to all students insured under the Northampton Community College Student Accident and Sickness Insurance Plan.

Assignment of a network physician does not guarantee eligibility or right to Injury or Sickness benefits under this Plan. Providers may be periodically added or deleted as participants in the Valley Preferred Network. Not all physicians practicing at a hospital elect to participate in the Network. Insured's are responsible to verify that a provider is a participant prior to services being rendered.

PLAN SUMMARY

COVERAGE When hospital or medical care is required for either an Injury or a Sickness, payment will be made according to the following schedule.	Benefit In Devon Health or Valley Preferred Network	Benefit Out of Devon Health or Valley Preferred Network	Per Condition Aggregate Maximum Benefit
STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN	80%	50%	\$12,000
ANNUAL DEDUCTIBLE (the annual deductible must be met before the plan will cover eligible expenses)	\$50	\$150	
OUTPATIENT PHYSICIAN VISIT BENEFIT	100% \$10 copay	50% \$10 copay	
Related lab work	80%	50%	
OUTPATIENT MENTAL HEALTH VISITS (15 visits/year)	100% \$20 copay	50% \$20 copay	
<p>When an insured Person uses the services of a Devon Health Services or Valley Preferred provider, the Covered Medical Expenses incurred will be payable at 80% of the Preferred Allowance, unless otherwise noted.</p> <p>When treatment is rendered by providers outside the Devon Health Services or Valley Preferred Network the Covered Medical Expenses will be payable at 50% of the Reasonable and Customary Expenses incurred.</p> <p>Payment will be made for Covered Medical Expense incurred for covered accident or sickness up to a per condition maximum of \$12,000.</p>			

OUTPATIENT PRESCRIPTION DRUGS



After a copayment of \$15 for generic or \$30 for a brand name drug when no generic is available, and \$50 for a brand name drug when generic is available (per prescription), the cost of prescription drugs is payable in full, up to \$600 for the policy year.

Prescriptions must be filled at a Medco participating pharmacy. Insured Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage. A list of participating pharmacies is available at the Health and Wellness Center or call Collegiate Insurance Resources at 1-800-322-9901.

Before the insurance ID card is received, if a prescription needs to be filled, go to a participating pharmacy, pay for the medication in full and save the receipt. The insurance ID card will include instructions on how to file for reimbursement for prescriptions filled before the card was received. Reimbursement will be at the Medco contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. Before receiving the insurance ID card, contact Collegiate Insurance Resources for a list of covered medications or exclusions.

After the insurance ID card is received, no claim forms need be completed. After the card is received call the toll-free customer service number listed on the card for assistance with pharmacy locations (800-400-0136) or contact Medco online at www.medco.com. This number is effective for enrolled members only. Have the ID card handy because the group number and the member number will be needed.

Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order will be included with your insurance ID card.

COVERED MEDICAL EXPENSES

Consist of the following subject to the benefit limits described in this brochure.

Ambulance Expense - professional ground ambulance service for emergency transportation to or from a hospital. Covered to a maximum of \$250.

Diagnostic X-ray and Laboratory Expense - diagnostic x-rays and laboratory tests when referred by the attending Physician or by the Student Health Center for lab tests, cultures or x-rays not otherwise provided free of charge by the Student Health Center.

Emergency Room Expense - treatment of Medical Emergency.

Home Health Care Expense Benefit -When by reason of sickness or injury, a Covered Person incurs expenses for covered home health care services, BCS Insurance Company will pay the Reasonable and Customary charges, subject to the following conditions: the service must be: (a) Medically Necessary; (b) furnished by, or under arrangements made by, a licensed Home Health Agency; (c) covered under a home care plan, (d) this plan must be established pursuant to the written order of a doctor and the doctor must renew that plan monthly; (e) delivered in the patient's place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness. Benefits will be provided for no more than 60 home health care visits in any period of 12 consecutive months. The amount payable will not exceed the Hospital Room and Board Benefit rate for the first three visits or one-half the Hospital Room and Board Benefit rate for subsequent visits. Payment of this benefit is subject to all other terms and conditions of the Policy.

Hospital Miscellaneous Expense - Expenses during a hospital confinement or day surgery on an outpatient basis 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) prescribed drugs and medicines; (f) medical and surgical dressings, supplies, casts and splints; (g) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (h) chemotherapy treatment with radioactive substances; (i) intravenous injections and solutions, and their administration; (j) physical therapy; and (k) other necessary and prescribed hospital expenses.

Hospital Room and Board Expense - up to the daily semi-private room rate.

Mental and Nervous Disorders Expense Benefit -

▶ **Inpatient**

We will pay 80% of network allowable or 50% of Usual, Customary and Reasonable charges for the Covered Expenses incurred when a Covered Person requires

treatment for mental or nervous disorders during hospital confinement, up to a maximum of \$5,000 per Policy Year.

▶ **Outpatient**

We will pay 100% for In-Network and 50% for Out-of-Network, both with a \$20 copay for the Covered Expenses incurred when an Covered Person requires treatment for a mental or nervous disorder while not hospital confined up to a maximum of 15 visits per Policy Year, limited to one visit per day.

Physician Expense - care and treatment by a Physician, both in and out of the hospital, for non-surgical services, limited to one visit per day.

Surgical Expense - the Usual, Customary and Reasonable Expenses for the surgical fee based upon the MDR (Medical Data Research) survey of surgical fees, valued at the 80th percentile. If in connection with a surgery and the Covered Person requires the services of an anesthetist or assistant surgeon, We will pay the Usual, Customary and Reasonable Expense incurred.

Taxi Service Expense - We will ONLY reimburse an Insured Student who utilizes a taxi service when it is recommended by the Student Health Center or approved by the school representative in the residence hall. We will pay the taxi fares for transporting students to off-campus medical providers for the treatment of a Covered Charge or Expense.

We will pay the Usual, Customary and Reasonable charges for the following benefits as mandated by the State of Pennsylvania:

Alcohol and Drug Abuse Expense

▶ **Inpatient**

We will pay 80% of network allowable or 50% of Usual, Customary and Reasonable charges for the Covered Charges incurred when a Covered Person requires treatment for detoxification or rehabilitation services for alcohol or drug abuse, during hospital confinement, not to exceed 7 days per hospital admission. The Lifetime maximum is 4 hospital admissions. When an Insured Person requires confinement in a non-hospital facility, We will pay for at least 30 days per year. However, there is a lifetime limit, for any Covered Person, of 90 days.

▶ **Outpatient**

We will pay 50% for the Covered Charges incurred when an Covered Person requires treatment for alcohol or drug abuse while not hospital confined up to a maximum of \$70 per visit, limited to one visit per day, 30 visits per year. The 30 separate visits per year may be exchanged on a two for one basis to secure up to 15 additional non-hospital residential alcohol treatment days. Outpatient benefits are subject to a lifetime limitation of 120 visits.

Childhood Immunizations Benefit - Benefits for Covered Persons less than age 21 will be paid in accordance with the Pennsylvania Department of Health childhood immunization law. No deductible, or dollar limit shall apply.

Diabetes Expense Benefit - We cover expenses incurred for equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of diabetes, if prescribed by the Covered Person's Physician. Equipment and supplies include, but are not limited to the following: lancets and automatic lancing devices; glucose test strips; blood glucose monitors; blood glucose monitors for the visually impaired; control solutions used in blood glucose monitors; diabetes data management systems for management of blood glucose; urine testing products for glucose; oral anti-diabetic agents used to reduce blood sugar levels; alcohol swabs; syringes; injection aids; cartridges for the visually impaired; disposal insulin cartridges and pen cartridges; insulin preparations; insulin pumps; insulin infusion devices; oral agents for treating hypoglycemia; glucagon for injection to increase blood glucose concentration. Coverage is provided for Medically Necessary diabetes self-management education and education relating to diet. 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 Physician includes: (1) visits Medically Necessary upon the diagnosis of diabetes; (2) visits under circumstances whereby a Physician 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. We cover such charges the same way We treat Covered Expenses for any other Sickness.

Mammography Examination Expense Benefit - If a Covered Person requires a mammography exam, We will pay for the following: (a) one baseline mammogram, as recommended by a Physician, for any woman; (b) an annual screening mammogram for any woman. Benefits are paid the same as any other office visit or lab test under this Plan.

Mastectomy Expense Benefit - We cover 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 Insured Person to be appropriate. We cover such charges the same way We treat Covered Charges for any other Sickness.

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

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 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. We cover such charges the same way We treat Covered Charges for any other Sickness.

Nutritional Supplements - We provide 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.

Preventive and Primary Care Benefits - Expenses incurred by Covered Dependent Children up to 18 years of age for Preventive and Primary Care services will be payable to the same extent as any other Covered Expenses incurred for the treatment of a covered Injury or Sickness.

Women's Preventive Health Services Benefit - We 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.

EXCLUSIONS

The Plan does not cover loss nor provide benefits for:

1. Expense incurred as the result of dental treatment, except for treatment resulting from Injury to sound, natural teeth;
2. Services normally provided without charge by Northampton Community College Health Center, Infirmary, or Hospital, or by Health Care Providers employed by Northampton Community College;
3. Expense incurred for eye examinations, eyeglasses, and contact lenses, including eye refractions or other Treatment for visual defects and problems, except as required as a result of a covered Injury or Sickness. "Visual defects" means any physical defect of the eye that does or can impair normal vision;
4. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered Injury. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing;
5. Injury due to participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony;
6. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline;
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage);
8. Injury resulting from declared or undeclared war; or any act thereof or while serving in the armed forces of any country;
9. Injury sustained or Sickness contracted while in service of the Armed Forces of any country. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Covered Person;
10. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
11. Elective treatment and voluntary testing;
12. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect;

13. Injuries resulting from a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits;
14. Treatment of mental or nervous disorders except as specifically provided;
15. Treatment of alcohol and drug abuse except as specifically provided;
16. Elective abortions;
17. Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness;
18. Expense incurred after the date of insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision;
19. Participation in, practice for, or orthopedic equipment and appliances used for; intercollegiate sports or professional sports;
20. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
21. Expenses incurred in connection with birth control, including surgical procedures and devices diagnosis and treatment;
22. Charges used to meet any deductible, or in excess of the coinsurance level, or an amount of a charge in excess of the Usual, Customary and Reasonable Charges;
23. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made;
24. Services not Medically Necessary;
25. Injury sustained as a result of riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile.

3. Claim forms are available online at www.visit-aci.com or by calling 888-293-9229. If the providers have given you bills, attach them to the claim form.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI. Online claim status is available at www.visit-aci.com or by calling 888-293-9229. Select option "2" for Customer Service.
5. 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 ACI. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.

REIMBURSEMENT AND SUBROGATION

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

APPEALS

If a claim is wholly or partially denied, a written notice will be sent to the Insured 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.

CLAIM PROCEDURE

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

1. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.
2. Complete a claim form and mail it to ACI 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 Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne,