

**SECTION III
SUPPLEMENTAL EXPENSE BENEFIT**

If the covered medical expense for Injury or Sickness exceeds the aggregate maximum we owe under the **BASIC ACCIDENT AND SICKNESS BENEFITS**, we will pay 80% of the Expense up to a maximum of \$10,000.

This coverage includes participation in the play and practice of NCAA sports.

The services must be given within 52 weeks of the date of the accident or first treatment for Sickness.

Covered expenses for daily hospital room and board will not be more than the usual semi-private room charge.

Additional Medical Benefit for Domestic and International Students: If the covered Medical expense for an insured Injury or Sickness exceeds the Aggregate Maximum, we owe under the **Supplemental Expense Benefit**, we will pay the expense up to 80% to a Maximum of \$65,000. *This coverage excludes participation in the play and practice of NCAA Sports.*

Mandated Benefits

Attending Physician Benefit, Assistant Surgeon Benefit, Breast Cancer Treatment/Bone Marrow Transplants Benefit, Biologically Based Mental Illness Benefit, Children's Early Intervention, Clinical Trial Benefit, Dental General Anesthesia Benefit, Diabetes Supplies, Equipment and Self Management , Training Benefit, Mammography Benefit, Mental Health Benefit, Miscellaneous Hospital Expenses Benefit, Non-Prescription Enteral Formulas Benefit, Reconstructive Breast Surgery Benefit, Outpatient benefits for X-ray, diagnostics, hemodialysis, blood, radiation and outpatient contraceptive services, Inpatient, Outpatient Prescription Drugs Benefit, Scalp Hair Prostheses Benefit, Orthopedic Appliances.

SECTION IV

Repatriation and Medical Evacuation Benefit

Repatriation: In the event of an Insured's death, while Insured under the Policy, the Insurance will pay necessary reasonable and customary expenses up to \$10,000 Maximum Benefit for preparation and transportation of the remains to the Insured Person's place of residence in his or her Home Country or Home State.

Medical Evacuation: If an insured Participant is unable to continue his or her academic program due to a Covered Injury or Covered Sickness, the Insurance will pay necessary reasonable and customary expenses up to a \$10,000 Maximum Benefit for evacuation to another medical facility, or the Insured's Home Country or Home State. A Medical Evacuation would be considered only if medically necessary, and after a hospitalization of at least five days. Any expenses for Medical Evacuation require prior approval of the attending Physician and the Plan Administrator.

**Saint Anselm College Health Services
641-7028**

The Campus Health Services provide Students with medical care, personal counseling and education in a variety of health related

areas, as well as assistance with referrals to local resources. Throughout the academic year, Campus Health Services sponsor speakers, workshops, seminars and videos in such areas as health promotion, holistic health, fitness, hygiene, suicide, sexual assault prevention, sexually transmitted diseases, AIDS, and eating disorders. Health Services also operates the College Alcohol and other Drug Education Programs.

LOCATION

Holistic Health Center - Cushing Center
(Lower level across from Post Office)

MEDICAL SERVICES

Hours

Monday - Friday 8:00 am - 6:00 pm
Saturday 12 noon - 4:00 pm Sunday by Appointment

COUNSELING SERVICES

Hours

Monday - Friday
Selected hours by appointment

**24-HOUR NURSE ADVICE LINE and
TRAVEL ASSISTANCE PROGRAM
(Administered by On Call International)**

On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Student's ailments.

Each Insured Student and his/her enrolled Dependents are eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the College's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

**U.S. & Canada Toll Free: 866-525-1955
International Collect: 603-328-1955**

Note: The 24-Hour Nurse Advice Line and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

EXCLUSIONS

Benefits will not be paid under this Policy and any attached Rider for any expenses which result from:

- Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury

to natural teeth and dental anesthesia for certain Covered Persons described under the Mandated Benefits section of this Policy;

- Services that are provided normally without charge by the College's health center, infirmary or Hospital, services for fee provided by the College, or services rendered by any person employed by the College, including school team Physician and trainer, or any other services performed at no cost;
- Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (Missouri, while sane);
- Elective Surgery or Elective Treatment;
- Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an aircraft operated by a commercial scheduled airline;
- Declared or undeclared war, participation in a riot, civil disorder, civil commotion or acts of terrorism;
- Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;
- Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
- Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
- Treatment of temporomandibular joint dysfunction (TMJ) and associated myofascial pain;
- Committing or attempting to commit an assault or felony; or fighting, except in self defense;
- Accident sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician; and
- Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance.

SCHEDULE OF PREMIUM RATES

	Annual Semester 8/01/09 - 8/01/10	Spring Semester 1/01/10 - 8/01/10
Student Only	\$ 735	\$ 475
Student & Spouse	\$3,289	\$2,072
Student, Spouse & Children	\$4,593	\$2,893
Student & Children	\$2,022	\$1,274

CLAIM PROCEDURES

In the event of accident or sickness the Student should:

- If at the School, report immediately to Student Health Services so that proper treatment can be prescribed.

- If away from the School, consult a doctor and follow his advice. Notify Student Health Services or the Program Administrator within 30 days after the date of the covered illness or as soon thereafter as is reasonably possible.
- Written proof of loss (itemized bills) must be furnished with your claim within 90 days after the date of the Loss.
- Questions should be referred to the Program Administrator.

For Information Contact the Plan Administrator



PO Box 727

Short Hills, NJ 07078-0727

1-866-267-0092 (Claims/Coverage)

1-800-526-1379 (Other Questions)

www.BollingerColleges.com/anselm

This Plan is Underwritten by

MONUMENTAL LIFE

INSURANCE COMPANY

Cedar Rapids, Iowa

Serviced By:

CROSS INSURANCE

217 Main Street

PO Box 3028

Lewiston, ME 04243

207-783-8591 or 800-537-6444

www.crossagency.com

Preferred Provider Network



PREFERRED PROVIDER NETWORK

The Saint Anselm College Student Health Insurance Plan includes access to the First Health Preferred Provider Network. Under your insurance plan, you may go to any doctor or hospital you choose. However, to maximize your savings and reduce your out-of-pocket expenses, we suggest selecting a Preferred Provider whenever possible. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Saint Anselm College, Bollinger, Inc., or Monumental Life Insurance Company.

**OPTIONAL VISION AND DENTAL
DISCOUNT CARD PLANS**

A Discount Vision and Dental Card Plan is available through Co-Health. Co-Health plans provide students with big savings, through discounts. For information on these plans, the cost and an application, please visit the website:

www.BollingerColleges.com/anselm

**STUDENT ACCIDENT
AND HEALTH
INSURANCE PROGRAM**

2009-2010

**SAINT
ANSELM
COLLEGE**



1 8 8 9

Effective August 1, 2009
August 1, 2010

For more information
visit the website:

www.CrossAgency.com/saintanselm

Serviced By:

Cross Insurance

217 Main Street

P.O. Box 3028

Lewiston, ME 04243

(800) 537-6444

IMPORTANT

THIS SUMMARY OF COVERAGE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS. THE ACCIDENT AND SICKNESS POLICY IS ON FILE AT THE SCHOOL

Policy#: CNH102F

Policy Form#: SH100GPM(Rev.2000).NH

10399568

Saint Anselm College Manchester, New Hampshire

To All parents and Students

Saint Anselm College is vitally concerned with the promotion of good health, as well as the medical needs of its students. The unexpected expense of medical disability may delay or even end a student's academic career. It is for this reason that we sponsor the insurance program described in this folder.

Today's health care environment is significantly different than it was even a few years ago. A vast majority of employers are offering Comprehensive Major Medical Plans to their employees instead of inflationary First Dollar plans which were common in the past. A Comprehensive Major Medical Plan could subject insureds to an up front deductible of \$500, \$1,000 or even \$2,000 and, furthermore, the plan would usually pay only 80% up to a predetermined amount. This plan is designed to fill some of these gaps.

Employers offering alternative delivery systems such as PPO's and HMO's further complicate basic family coverage for students attending institutions in various geographical locations throughout the country. The reason for this is that these delivery systems provide benefits only if approved facilities are utilized. Very limited services are usually provided outside the service area. Students carrying Medicaid Coverage from out of state are not covered in New Hampshire. Finally, it is not uncommon for students to lose their coverage as a dependent on their parents plan as early as age 19 and not realize they are actually uninsured until medical expenses arise.

This accident and health insurance program is designed to fill students needs who do not have other insurance and also to supplement other coverage 24 hours per day on or off campus from August 1, 2009 through August 1, 2010.

Some key features of the Policy include:

- A reduced premium for coverage purchased after the fall semester.
- Coverage available for part-time students.

The following pages explain these changes in more detail and also outline the benefits under the policy. Although this protection is liberal, there are specific exclusions and limitations in the coverage which should be carefully noted as you read the provisions of the policy.

St. Anselm College mandates that all full-time students must enroll in the Student Health Insurance Plan or certify that they have comparable coverage in another plan.

Students who are already covered under comparable coverage and do not wish to supplement their insurance may waive out of the Plan and have the insurance charge deleted from their college bill. This may be accomplished by completing the following steps:

1. Access the Student Accident & Sickness Insurance Plan website at www.crossagency.com/saintanselm
2. Go to the online Student Health Waiver link and follow the instructions carefully.
3. Once you have completed all steps in the online Student Health Waiver link, print out the confirmation page or write down the confirmation number provided.
4. The online waiver must be completed by August 27, 2009. After this date you will not be eligible to waive this insurance or have this charge deleted from your college bill.

All International students will be automatically enrolled in the Plan. International students may not waive this insurance.

STUDENT ACCIDENT AND HEALTH INSURANCE

Following are the essential provisions of the policy. The College holds the Master Policy. The Policy is underwritten by Monumental Life Insurance Company, administered by Bollinger, Inc., and serviced by Cross Insurance.

NON-DUPLICATION OF BENEFITS

This Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Valid and Collectible Insurance. If the Covered Person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance in excess of \$100.00 will be determined before benefits will be paid by this Policy. This Policy is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision, except for Covered Medical Expenses of \$100.00 or less regardless of other insurance.

If the Covered Person is insured under group or blanket insurance which is also excess to other coverage, this Policy pays a maximum of 50% of the benefits otherwise payable.

Benefits paid by this Policy will not exceed: (1) any applicable Policy maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured was medically diagnosed, treated (including medication), or advised by a Physician within the three months immediately prior to his Effective Date of Coverage under this Policy.

Covered Medical Expenses resulting from a Pre-Existing Condition will not be covered unless:

- (1) 3 consecutive months have elapsed during which no medical treatment or advice is given by a Physician for such condition; or
- (2) a period of 3 consecutive months during which the Insured was continuously insured under this Policy.

CREDIT FOR TIME COVERED

If the Insured Person was insured under a prior plan that this plan replaces and replacement is effective within sixty-three days of the termination date of the prior plan, then credit will be given for each day of coverage under the prior plan towards satisfaction of the 3 month limitation on pre-existing conditions.

COVERAGE

BASIC ACCIDENT BENEFITS

We will pay benefits for Usual & Customary Charges for Covered Expenses incurred which are Medically Necessary for treatment of Injury up to an aggregate amount of \$1,000 per Injury. There is a \$150 policy year deductible. Injuries that occur while participating in intercollegiate sports that are officially sponsored by Saint Anselm College are also covered. Covered expenses are:

- Hospital room and board and general nursing care during hospital confinement, up to the semi-private room rate.
- Treatment by a doctor
- Outpatient services provided by a hospital to include: hospital services on the day surgery is performed; hospital services rendered within 24 hours of an Injury; and diagnostic x-ray and laboratory services, radiation therapy and hemodialysis.
- Out of hospital care consisting of: doctor's services rendered on an ambulatory basis when coverage is not provided elsewhere in the policy for diagnosis of injury; diagnostic x-ray and laboratory services, prescription drugs, radiation therapy and hemodialysis.
- Use of an operating room, anesthesia, laboratory services.
- Services of a registered nurse or licensed practical nurse.
- Ambulance expense.
- Prosthetic appliances, except replacements and rental/purchase of durable medical equipment required for therapeutic use.
- Convalescent nursing home expense.

SECTION II

BASIC SICKNESS BENEFITS

We will pay benefits for the Usual and Customary Charges for Covered Expenses incurred, which are Medically Necessary for treatment of Sickness up to an aggregate maximum amount of \$1,000 per Sickness. Covered expenses are allocated as follows:

Hospital Room and Board Expenses: when your Sickness requires hospital confinement; we will pay the hospital room and board expense up to a maximum of \$450 per day.

Miscellaneous Hospital Expense: We will pay Expenses incurred by you during a Hospital Confinement or as an Outpatient for day surgery up to a maximum of \$1,000. Expenses include anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other medically necessary non-room and board hospital expenses.

Surgical Expense: When your Sickness requires surgery, we will pay the Expense according to the policy provisions subject to a Maximum Per Operation of \$1,000. If the surgery requires the services of an anesthetist, who is not employed or retained by the

hospital in which the operation is performed, we will pay the Loss incurred up to 25% of the amount payable for the operation.

If the surgery requires the services of Assistant Surgeon, we will pay the Loss incurred up to 25% of the amount payable for the operation.

In-Hospital Physician's Fees Expenses: When your Sickness requires the services of a Doctor other than the surgeon, we will pay the expense for such services up to \$60 per visit, limited to one visit per day up to a maximum of \$360 per Sickness.

Consultant or Specialist Fee: When your Sickness requires the services of a consultant or specialist requested by the Attending Doctor to confirm or determine a diagnosis, we will pay the Expense up to a maximum of \$125 per Sickness.

Ambulance Expense: When your Sickness requires the use of an ambulance, we will pay the Expense up to a maximum of \$500.

Diagnostic X-ray and Laboratory Expense: If your Sickness requires diagnostic x-ray or laboratory services, under the Doctor's direction, we will pay the Expense up to a maximum or \$500 per Sickness.

Hospital Outpatient Expense: If your Sickness requires the use of out-patient facilities of a hospital for: diagnostic x-ray; laboratory services: an emergency room, or operating room, under the Doctor's direction, we will pay the hospital expense up to a maximum of \$600 per Sickness. Non-emergency visits are subject to a \$25 co-pay.

Maternity: Maternity care is covered to the same extent that coverage is provided for Hospital, Surgical or Medical Benefits for any other illness.

Prescribed Medicine Expenses: If due to Sickness, an Insured requires medicines not normally stocked by the College Health Center, we will pay the expense actually incurred by the Insured for such medicines in excess of the first \$10 per thirty day supply. The purchase of this medicine must be authorized by the College Health Center. Maximum payable per Sickness is \$150.

Out of Hospital Doctor's Fee Expenses: When your Sickness requires the Services of a Doctor, other than the surgeon, while not confined to a Hospital, we will pay the expense thereof. Our payment will not exceed \$100 per visit (limited to one visit per day).

Prescribed Maintenance Medication Expense: If due to a long term illness, an insured requires medicines not normally stocked by the College Health Center, we will pay the expense actually incurred by the Insured for such medicines in excess of the first \$25 for a thirty day supply. Maximum Per Year \$600.

Mammography: A baseline mammogram for women 35 to 39; a mammogram every 1 to 2 years, even if no symptoms are present, ages 40 to 49; annual mammogram over 50.

Medical or Hospital Dental Procedures: Coverage for Medically Necessary Hospital or surgical day care facility charges and administration of general anesthesia for dental procedures performed on a covered person who: (a) is under the

age of 6 who has a condition or significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital; or (b) is a person who has exceptional medical circumstances or a developmental disability.

Diabetes: Coverage for medically appropriate and necessary outpatient self-management training and educational services and durable medical equipment.

In Patient Alcohol and Substance Abuse Treatment: The plan will pay the same benefits payable for any other Sickness for the necessary care and treatment of alcohol dependency while confined as a resident patient in a hospital or facility licensed for such treatment. The lifetime maximum benefit is \$3,000.

Out Patient Alcohol and Substance Abuse Treatment: The plan will pay the same benefits for any other Sickness for reasonable outpatient rehabilitation benefits for alcohol dependency. The lifetime maximum benefit is \$3,000.

Non Prescription Enteral Formulas: Formulas for the treatment of impaired absorption caused by disorders effecting the absorptive surface, functional length of motility of the gastrointestinal tract when a doctor has issued a written order that the enteral formula is needed to sustain life, up to \$50.

Non Prescription Enteral formulas and Food Products: Formulas and food products for treatment of inherited diseases of amino acids and organic acids, up to \$50.

Mental Illness and Emotional Disorders: Treatment, diagnosis and evaluation on an inpatient basis for medical services and expenses on the same basis as any other covered Sickness while confined to a hospital or public mental hospital, including a psychiatric inpatient facility included under the license of such hospital. Benefits for outpatient treatment are limited to 25 hours in any consecutive 12 month period. Mental Illness and Emotional Disorders means a clinically significant psychological syndrome or pattern that occurs in a covered person that is associated with present distress, a painful symptom or disability, impairment in one or more important areas of functioning, or with a significantly increased risk of suffering death, pain, disability or an important loss of function. This includes schizophrenia and other psychotic disorders; schizoaffective disorder; major depressive disorder, bipolar disorder; anorexia nervosa and bulimia nervosa; obsessive-compulsive disorder, panic disorder, pervasive development disorder or autism and chronic post-traumatic stress disorder.

Breast Cancer: Treatment of breast cancer by autologous bone marrow transplants according to protocols reviewed and approved by the National Cancer Institute the same as any other Sickness.

Scalp Hair Prosthesis: Scalp hair prostheses worn for hair loss suffered as a result of alopecia areata, alopecia totalis, or permanent loss of scalp hair due to injury up to \$350.