

EXCLUSIONS

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.

1. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
2. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental injury to the Insured Person's teeth.
3. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
4. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a 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 anywhere in the world.
5. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental injury.
6. Elective surgery or treatment.
7. Preventive medicines, serums or vaccines of any kind.
8. Elective abortions.
9. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
10. An Insured's: a) Committing or attempting to commit a felony; b) Being engaged in an illegal occupation; or c) Participation in a riot.
11. Intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.
12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sports, club sports or any intercollegiate sports which exceed \$2,000.
13. Expenses incurred after: a) The Aggregate Maximum Benefit for each Covered Injury or Sickness has been attained; and b) The end of the Benefit Period specified in the Schedule of Benefits.
14. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise in the Insurance Information Schedule.
15. Under the Supplemental Expense provision, loss or expenses in excess of \$5,000 resulting from the outpatient or inpatient treatment of mental and nervous disorders, except as mandated by the State of Ohio.

Preexisting Condition Limitation—The Policy does not cover Preexisting Conditions for the first twelve (12) months following effective date of an Insured Person's coverage. However, the Company will waive this Limitation for an Insured who: 1. Has been Continuously Insured, as defined in the Policy, for at least 12 consecutive months under one or more student insurance policies issued to the Policyholder; or 2. Can provide satisfactory evidence of prior Creditable Coverage. To qualify for this waiver, an Insured or his or her insured Dependent must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days. c) His or her most recent coverage must meet the definition of Creditable Coverage as shown in the Policy.



CLAIM PROCEDURE

Claim forms and instructions on claim procedures are available in Student Accounts or by visiting the website:

www.studentplanscenter.com

If away from the University, consult a doctor and follow his/her instructions. Present the bill along with a completed claim form and any supporting documentation to: Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, New York 13502 as soon as possible.

Notice of injury or of sickness upon which claim may be based must be provided to the Company within 30 days of the date of the commencement of the first loss for which benefits arising out of each such injury or sickness may be claimed, or as soon thereafter as is reasonably possible. Bills for which benefits are to be paid must be submitted within 90 days of the treatment. Hospital or medical attention for which benefit is to be paid is limited to the 52-week period beginning with the date of the accident or date of the first treatment for sickness.

GENERAL INFORMATION

The Policy is underwritten by Commercial Travelers Mutual Insurance Company, Utica, New York and the Local Representative is Wells Fargo Insurance Services, P.O. Box 276, Columbus, OH 43216-0276. All claims will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed on the back panel.

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive certification from the Plan Administrator regarding the periods you were covered. Please contact Wells Fargo Insurance Services at 800-228-6768 when you need such verification.

Underwritten and Claims Administered by

Special Risk Claims

Commercial Travelers Mutual Insurance Company

70 Genesee Street, Utica, NY 13502

as policy form # CTBH-280(Rev. 04)(OH)

Toll Free: 800-756-3702 • www.studentplanscenter.com

For a copy of the Company's Privacy Notice, go to:

www.commercialtravelers.com/privacy.html

or **Request one from the Student Accounts office**

at your school or Request one from:

Commercial Travelers Mutual Insurance Company

c/o Privacy Officer • 70 Genesee Street • Utica, NY 13502

(Please indicate the school you attend with your written request.)

Local Representative

Wells Fargo Insurance Services

P.O. Box 276 • Columbus, Ohio 43216-0276

800-228-6768 • wfs.wellsfargo.com/colleges

Network Provider

Beech Street • 800-432-1776 • www.beechstreet.com

Representations of this plan must be approved by the Company.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

*This brochure provides a summary of the essential provisions of the Student Accident and Sickness Insurance Plan. **KEEP IT!***

The Master Policy describing the provisions of this plan is retained by the University. No individual certificates will be issued to participants.

Student Accident and Sickness Insurance Plan

DENISON UNIVERSITY

for students of
Denison University
Granville, Ohio

2009–2010

Policy No. 2009M3A97

*This outline of coverage should be retained for
reference because no certificate will be issued.*

*Effective date of coverage
August 10, 2009 through August 9, 2010*

2009-M3A97 (Bro)

This Brochure describes the Student Accident and Sickness Insurance Plan offered by Denison University. Enrollment is automatic for all full-time students, unless waived by August 28, 2009. To waive this insurance coverage either complete the enclosed waiver card or complete the On-line Waiver at www.studentplanscenter.com. Click on Denison University, then click on Forms and On-line Waiver. Print out the confirmation for your records as this is your documentation that the form was submitted. This option will not be available after August 28, 2009. If the college does not receive this waiver by the time indicated above, you will be automatically included in the plan. The Statement for the first semester includes the entire \$365 annual charge for the Student Accident and Sickness Insurance Plan.

All full-time students must have insurance coverage. This coverage is required for full-time students not covered under their family's health/hospitalization plan. Even if you have coverage under another plan, it is strongly urged that intercollegiate athletic, club sport, intramural, off-campus study participants, and international students carry this coverage.

ELIGIBILITY AND COST

All full-time students enrolled at Denison University are eligible for and included in the Student Accident and Sickness Insurance Plan, unless coverage has been specifically waived as a result of a signed Waiver Request being returned to Student Accounts, or by completing the On-line Waiver at www.studentplanscenter.com. The annual cost for the coverage is \$365, which includes an administrative fee. Coverage extends for the entire 12-month period beginning 8/10/09 and continuing through 8/9/10—24 hours a day—at home, at school, or while traveling, including all school-year vacations. Under this Plan, all university-sponsored activities are covered including sports played in the intramural, club and intercollegiate programs of Denison University. If you leave Denison University for any reason, no refund will be made. However, your coverage remains in force and continues during the period for which premium has been paid. **Enrollment and Alternative Coverage**—If you have any questions regarding enrollment in this plan or if you do not meet the eligibility requirements of this plan, please call Wells Fargo Insurance Services at 800-228-6768 for information.

OTHER MEDICAL COVERAGE

If you have other medical coverage, such as dependent coverage under your parent's insurance, you should review those requirements prior to seeking medical attention. In some cases, it may be beneficial to utilize the benefits of that plan first.

NOTICE: If an insured person is covered by more than one health care plan, he or she may not be able to collect benefits from both

plans. Each plan may require an insured to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. An insured should read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.

BASIC PLAN BENEFITS

When hospital or medical care is necessary because of a covered injury sustained or a covered sickness contracted and causing loss during the period for which the Student is covered, the Company will pay benefits subject to the provisions and limitations described within this brochure.

ACCIDENT MEDICAL BENEFITS

If an accident causes you to incur covered medical expenses while you are covered within 52 weeks of the date of such accident and the first eligible expense incurred within 90 days from the date of the accident, the plan will provide benefits for the total of eligible expenses up to \$2,000. Such expenses include hospital room and board at the semi-private room rate, miscellaneous expense of hospital confinement when hospital room and board benefits are payable, legally qualified physicians' and surgeons' fees, the services of an anesthesiologist, a nurse who is not a relative of the Insured, drugs, dressings, X-rays, ambulance service to and from the hospital of confinement, blood transfusions, plasma, the rental of a wheelchair, crutches or other appliances, casts and splints, and any other service or facility required for the proper care and treatment of the Student which has been prescribed by a legally qualified physician, and dental treatment for injuries to sound, natural teeth (limited to \$250 per tooth).

SICKNESS MEDICAL BENEFITS

If a covered sickness causes you to incur eligible Medical Expense within 52 weeks after the first date of treatment for sickness, the plan will provide benefits as follows:

1. **Hospital Room, Board and Miscellaneous Charges**—100% of the total charges for room and board and miscellaneous charges, up to \$250, including but not limited to charges for X-rays, lab fees, nurses, anesthesia, use of operating room, medicine, drugs, surgical appliances, therapy, supplies, etc.
2. **Surgery**—Starting with the first dollar, the amount listed in the Schedule of Operations, on file in Student Accounts, up to a maximum of \$600 for any one (1) surgical procedure, to include impacted wisdom teeth.
3. **Physicians' Visits**—If the student requires treatment by a qualified physician while hospitalized due to a covered sickness, the Plan will pay \$20 for the first visit, then \$10 per day per visit thereafter, up to 10 visits.
4. **Consultant Physician Services**—When requested by the Student Health Service or attending physician, the

plan will pay 100% up to a total of \$500 for consultant physician fees for any one (1) covered sickness.

5. **Ambulance Expense**—Up to \$400 for any one (1) covered sickness.
6. **Diagnostic X-ray, Laboratory Procedures and Medical Emergency Expense**—If, as a result of covered sickness, you incur charges for services performed by a radiologist or laboratory for diagnosis of a covered sickness, and/or services of a hospital emergency room, surgical center or clinic the Company will pay up to a maximum of \$500 for each covered sickness.
7. **Prescription Drug**—Up to \$100 per condition when prescribed by attending physician, in excess of a \$10 deductible.
8. **Health Service**—When you are confined to the Student Health Service as a bed patient due to a covered injury or sickness, the Company will pay \$120 a day for room. All medications, X-rays and laboratory tests will be paid in full during confinement as an in-patient at the Health Service.
9. **Accidental Death and Dismemberment**—If, within 180 days from the date of covered accident, such bodily injuries result in loss of life, dismemberment or loss of sight, payment will be made based on the following Schedule:

Loss of:	
Life	\$1,000
Both hands, feet or eyes or any combination thereof	\$1,000
One arm or leg	\$750
Either hand or foot or the sight of either eye	\$500
Only one (1) such indemnity, the largest to which you are entitled, will be paid with respect to all such injuries resulting from the same accident. Benefit is payable regardless of any other benefit of the Policy.	

10. **Medical Evacuation Expense**—If as the result of a Covered Injury or Sickness occurring while you are covered under the Policy, the Company will pay the necessary reasonable and customary charges, not to exceed \$10,000, for evacuation to a medical facility or your home country. See the Policy on file with the school for further details.
11. **Repatriation Expense**—In the event of your death, while you are covered under the Policy, the Company will pay the necessary reasonable and customary charges for preparation, including cremation, and transportation of the remains to your place of residence in your home country, not to exceed \$7,500. No benefit will be paid in the event of suicide.
12. **Psychological Disorders**—The Company will pay for inpatient or outpatient expenses incurred for services legally performed by or under the clinical supervision of a physician or licensed psychologist, whether performed in a physician's or psychologist's office, in a hospital, or in a community mental health facility, after a \$25 deductible, 80% of expense incurred, to a maximum payment of \$1,000.

SUPPLEMENTAL MEDICAL EXPENSE BENEFITS

When, as a result of a covered sickness or injury as defined, you require treatment by a currently licensed physician or surgeon, hospital confinement, X-ray examination, surgical or medical supplies and services, use of an ambulance or the service of a licensed nurse, and the medical expenses incurred exceed the amount paid under the Base Plan Benefits by more than \$100, then any eligible expenses in excess of the \$100, will be paid up to 80% of the additional usual and reasonable expenses incurred within 52 weeks of the date of covered accident or date of first treatment for such sickness.

The aggregate maximum medical expense benefit other than for psychological disorders and substance abuse shall not exceed \$50,000, as the result of a covered sickness or accident. The maximum for psychological disorders (other than Biologically based) is limited to \$5,000.

MANDATED BENEFITS

The following benefits are mandated in the state of Ohio. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Off-label Drugs; Child Health Supervision Services; Medical Emergency Expenses; Biologically Based Mental Illness and Alcoholism; Drug Abuse Treatment; and Infertility Treatment. See the Policy on file with the school for further details on these benefits.

INTERCOLLEGIATE ATHLETIC BENEFITS

The Student Accident and Sickness Insurance Plan protects the Student for the first \$2,000 of eligible expenses incurred for a covered accident while participating in the play of or practice of intercollegiate athletics.

In addition, Denison University has purchased a separate intercollegiate athletic medical insurance plan, with a maximum benefit of \$75,000 per accident for usual and reasonable expenses incurred within 104 weeks from the date of accident. This insurance is considered excess to other valid and collectible insurance or group medical plan and it carries with it a \$5,000 accidental death benefit.