

STUDENT
ACCIDENT AND SICKNESS
INSURANCE
2010–2011

COVERS ELIGIBLE MEDICAL, SURGICAL
NURSING AND HOSPITAL EXPENSES

For Students of

Southern 
New Hampshire
University

Manchester, New Hampshire

**LIMITED BENEFITS—
READ YOUR
CERTIFICATE
CAREFULLY**

NOTE: This document is your Certificate of
Insurance and Outline of Coverage for policy
form no. SMLBC-2005(NH)

SMLBC-2005(NH)

2010H8A19 (Bro/Cert)

SOUTHERN NEW HAMPSHIRE
UNIVERSITY
Manchester, New Hampshire

TO OUR PARENTS:

Southern New Hampshire University is vitally interested in the welfare of its students and attempts to provide protection against unexpected and frequently high medical expenses which may be incurred as a result of accident or illness.

Experience indicates that although many families are covered by health insurance policies which should be retained, the policy offered by the University can provide significant supplemental coverage to existing policies. In the event that a student is *not* currently covered, the Student Health Insurance Program becomes important primary coverage. It is the hope of the University that this insurance will relieve possible financial strain and avoid depletion of resources earmarked for educational purposes.

We will continue to retain the insurance services of the Richard J. Horan Agency, a respected New Hampshire insurance agency. The coordination of the benefits of the policy described in this brochure and the family's insurance plan will provide your son/daughter with strong insurance protection. With medical costs rising so rapidly, it is prudent to have both policies.

Although this program is broad in scope, certain limitations are imposed and should be noted. This brochure should be kept for future reference.

Sincerely,

Scott J. Kalicki, Ph.D.
Vice President for Student Affairs

**STUDENT ACCIDENT AND
SICKNESS INSURANCE**

Following are the essential provisions of this insurance which are incorporated in a master policy issued to the University, underwritten by Security Mutual Life Insurance Company of New York.

ELIGIBILITY

Students who are eligible for the SNHU insurance are those new or continuing students who are taking a minimum of 12 credits per semester. All eligible undergraduate domestic students will be charged for the insurance plan offered by the University, until you can show proof of other medical insurance and complete the Health Insurance Waiver Form.

Student Accident and Sickness Insurance costs are automatically charged to your student account. Students who wish to have this charge removed must complete a waiver form and return it by the tuition payment due date.

Coverage is also available on a voluntary basis for eligible dependents. Eligible dependents include a spouse or partner in a civil union residing with the Insured Student or unmarried children under 26 years of age who reside with the Insured Student and are residents of New Hampshire or enrolled as a student at an institution of higher education and are not covered under any other health benefits plan.

PREMIUM RATES

(Rates shown are for 9/1/10–9/1/11)

| | |
|----------------|---------|
| Student | \$ 555* |
| Spouse..... | \$1,800 |
| Children | \$ 950 |

*Student rate includes an administrative fee.

DEFINITIONS

Injury, for which benefits are payable, means accidental bodily injury sustained by an Insured. It must be the direct result of an accident, independent of disease or bodily infirmity. The injury must occur while insurance is in force under the Policy.

Sickness means Sickness or disease that first manifests itself while the Policy is in force as to an Insured. Sickness will also include normal pregnancy as well as complications of pregnancy.

Preexisting Condition means any health condition, whether physical or mental, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the three months immediately preceding the Insured's Effective Date of coverage.

Hospital means an institution that:

1. operates as a Hospital pursuant to law;
2. is primarily and continuously engaged in providing and operating, either on its premises or in facilities available to the hospital on a prearranged basis and

- under the supervision of a staff of duly licensed Physicians, medical, diagnostic and major surgical facilities, except a legally operated institution for the treatment of chronic diseases, for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made;
3. provides 24-hour nursing service by or under the supervision of a Registered Nurse (R.N.); and
 4. maintains permanent medical history records.

Hospital does NOT include the following:

1. institutions operated by the Veterans' Administration or other United States government agencies;
2. institutions which are rest homes, convalescent centers even if part of the Hospital itself, homes for the aged or insane; or
3. institutions for the care and treatment of chronic alcoholism or drug addiction.

BASIC ACCIDENT AND SICKNESS EXPENSE BENEFITS

The Policy will pay 80%, except as specifically stated, of Covered Medical Expenses incurred by a Covered Person due to a covered Sickness or covered Injury, up to a maximum benefit of \$75,000 per Sickness or Injury. Covered Medical Expenses are considered incurred on the date the treatment or service is rendered or the supply is furnished. Covered Medical Expenses are:

Hospital Room and Board: 80% of U&C for Hospital room and board and general nursing care while hospital confined, subject to the semi-private rate or intensive care unit rate, if applicable.

Miscellaneous Hospital Expense: 80% of U&C for Miscellaneous hospital charges incurred while hospital confined, including expenses for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; pre-admission tests; medicines or supplies; dressings; other non-room and board expenses; prescription drugs, excluding take-home drugs.

In-Hospital Doctor's Expense: 80% of U&C for Services of a Doctor during hospital confinement, limited to one visit per day. This benefit does not apply when related to surgery.

Ambulance Expense: (ground transportation) After a \$25 deductible per visit, the Actual Charge is payable up to a maximum of \$125 per condition.

Surgical Expense: Maximum \$5,000.

- **Anesthesia Expense:** Services of an anesthetist who is not employed or retained by the hospital in which the surgery is performed, up to 30% of the amount paid the surgeon.

- **Assistant Surgeon's Expense:** Service of an assistant surgeon required by the surgeon, or by the procedure, up to 30% of the amount paid the surgeon.
- **Surgeon Fee:** 80% of U&C.
- **Second Surgical Opinion:** 80% of U&C.

Outpatient Miscellaneous Expense: 80% of U&C up to a maximum of \$1,500 per Accident or Sickness, per Policy Year for outpatient services provided in a Doctor's office, Licensed Mental Health Professional's office, a community mental health center, home based services for Mental Illness, chiropractor visits, hospital or outpatient department or emergency room, clinical lab, radiological facility or similar facility licensed by the state. This benefit includes physician/consultant visit, second surgical opinion, chiropractic care, emergency room, operating room, lab tests, diagnostic X-rays, radiation & chemotherapy and is subject to the following per visit Copayments:

- Emergency Room—\$100 (waived if admitted)
- Outpatient Department/Clinic—\$50 (waived if admitted)
- Doctor's Office Visit—\$25

High Cost Procedures: 80% of U&C up to \$2,000 per Accident or Sickness for outpatient procedures in excess of \$200, including but not limited to CAT scan, MRI, laser treatments, etc.

Prescription Drug Benefit: 80% of U&C up to \$500 for the Policy year.

Mental Illness Expense: (Inpatient and/or outpatient treatment) will be paid on the same basis as for any other covered Sickness.

Accident Dental Expense: 80% of U&C for expenses incurred as the result of accidental injury to sound, natural teeth.

MANDATED BENEFITS

The following benefits are mandated in the State of New Hampshire. 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: Reconstructive Breast Surgery Expense; Mammography; Non-prescription Enteral Formulas Expense; Medical or Hospital Dental Procedures for certain individuals; Bone Marrow Transplants for Breast Cancer Treatment; Scalp Hair Prosthesis; Diabetes Treatment; Outpatient Contraceptives and Contraceptive Services; Off-label Prescription Drug Coverage; Mental Illness

and Emotional Disorders including Chemical Dependency and Alcoholism; Clinical Trials Cost Benefit; Artificial Limb Expense Benefit; Human Leukocyte Antigen Testing; Early Intervention Services; and Obesity Coverage. See the Policy on file with the school for further details on these benefits.

EXCLUSIONS

The policy does not cover a loss or provide benefits for an Injury or Sickness resulting from:

1. Service rendered by any person, employee, or physician employed or retained by the College.
2. Travel or flight in or descent from any kind of aircraft unless as a farepaying passenger on a regularly scheduled commercial flight.
3. War or any action of war, whether declared or undeclared.
4. Service in the armed forces of any country.
5. The Insured's participation in interscholastic, intercollegiate, or professional sporting events.
6. Treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ), unless benefit is shown in the Benefit Schedule.
7. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.
8. Elective surgery or elective treatment unless determined by the attending Physician to be medically necessary, including voluntary or elective abortion unless specified otherwise in the Insurance Information Schedule.
9. Expenses for preventative medicines, serums or vaccines, except where required for treatment of Injury.

PREEXISTING CONDITION LIMITATION

No benefits are payable for a preexisting condition under the Policy until the earlier of: (1) a period of three (3) consecutive months, ending while the Insured Person's health coverage is in force and during which the Insured Person incurred no medical care treatment expense in connection with the Preexisting condition; or (2) a period of nine (9) months following the effective date of the Insured Person's coverage under the Policy if he or she has received medical care or treatment in connection with the Preexisting Condition.

However, this limitation will not apply if, during the period immediately preceding the effective date of coverage under this plan, the Insured Person was covered under a prior creditable coverage for six consecutive months. Prior creditable coverage of less

than six months will be credited toward satisfying the preexisting condition limitation. This waiver of the preexisting condition limitation will be effective provided the Insured Person becomes eligible and applies for coverage under the Policy within 63 days of the termination of his or her prior coverage.

COORDINATION OF BENEFITS

The coordination of benefits (COB) provision applies to this plan when You or Your covered Dependent have health care coverage under more than one plan. If the COB provision applies, the order of benefit determination rules of this provisions will be used to determine whether the benefits of this plan are determined before or after those of another plan.

The benefits of this plan: (1) will not be reduced when, under the order of benefit determination rules, this plan determines its benefits before another plan; but (2) may be reduced when, under the order of benefit determination rules, another plan determines its benefits first. If the COB provision applies, but the other plan assumes an always secondary position or refuses to follow the order of benefit determination rules, the benefits of this plan will not be reduced.

CLAIMS PROVISIONS

Notice of Claim: We must receive written notice of claim at Our Home Office or at the office of Our authorized agent. It must be given within 30 days of the date the claim begins or as soon thereafter as reasonably possible. The Insured Person's notice should include his or her name and the Policy number.

Claim Forms: We will provide the Insured Person with claim forms within 15 days after We receive his or her notice of claim. If We do not provide these forms within this time, a claim may be filed without using them. The claim must contain written proof of Loss. It must cover the occurrence, type and extent of Loss. It must be provided within the time allowed in the following provision.

Proof of Loss: Written proof of Loss must be provided to Our Home Office within 90 days of the loss. Failure to furnish proof of loss within 90 days of the date of loss will not invalidate nor reduce any claim if it can be shown that it was not reasonably possible to furnish such proof and that such proof was furnished as soon as reasonably possible.

Time of Payment: We will pay benefits for services rendered by New Hampshire health care providers within 45 calendar days upon receipt of a clean written claim or 15 calendar days upon receipt of a clean

electronic claim. If We deny or place a claim in pending, We will have 15 calendar days upon receipt of the claim to notify the provider or Insured Person of the reason for denying or pending the claim and what, if any, additional information is required to process the claim. Our failure to comply with the time limits in this provision will NOT have the effect of requiring Us to provide benefits for an otherwise non-covered claim.

Payment of Claims: All benefits are payable to the Insured Person. Benefits unpaid at the death of the Insured Person will be paid to his or her spouse. If he or she has no spouse, they will be paid to the Insured Person's estate.

If benefits are payable to the Insured Person's estate or to an Insured Person or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay an amount not to exceed \$1,000.00 to any relative or to any connection by marriage of the Insured Person or beneficiary who We deem to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

Subject to any written direction of the Insured Person, all or a portion of any benefits payable by this Policy as the result of hospital, nursing, medical or surgical services may be paid directly to the provider of such service. Payment may be so made, at Our option, unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss. It is not required that the services be rendered by a particular Hospital or provider.

Physical Examination and Autopsy: We, at Our own expense, have the right to have a physical examination performed on an Insured Person as often as is reasonably necessary while a claim is pending. We also, at Our own expense, have the right, where it is not forbidden by law, to make an autopsy in case of death.

Legal Actions: No suit may be brought on a claim sooner than 60 days after the date written proof of loss is given. No suit may be brought more than 3 years that written proof of loss is required.

Right of Subrogation: We will be fully and completely subrogated to Your rights against parties who may be liable to provide indemnity or make contribution in respect of any matter that is the subject of a claim under the Policy. You agree to cooperate fully with Us in seeking such indemnity or contribution including, where appropriate, insurers instituting proceedings at their own expense against such parties in your name.

CLAIM PROCEDURE

In the event of Accident or Sickness the student should:

1. If at school, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the School, consult a doctor and follow his/her advice. Notify the Student Health Services or the Claims Administrator within 30 days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.
3. Claim forms can be obtained from the Student Health Services, or on-line from the Claims Administrator at: www.commercialtravelers.com/college.html

Submit the completed claim form, together with copies of itemized bills and supportive documentation, within 90 days after first treatment to the Claims Administrator: Commercial Travelers, 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 below.

Serviced by: **Richard J. Horan Agency**
P.O. Box 460 • Laconia, NH 03247
1-800-327-7567

(CUT ON DOTTED LINE)

Underwritten by:
**Security Mutual Life Insurance Company
of New York**
Binghamton, NY

Policy form # SMLBP-2005 (NH)

Claims Administrator:
**Commercial Travelers
Mutual Insurance Company**
70 Genesee Street
Utica, NY 13502
1-800-756-3702

www.commercialtravelers.com

For a copy of the Company's or Claims Administrator's privacy notice you may:

go to
www.commercialtravelers.com/privacy.html

or
Request one from the Health 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.)

Representations of this plan must be approved by the Company.

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 a certification from the Company regarding the periods you were covered. Please contact the Richard J. Horan Agency if you need such certification.

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.

(CUT ON DOTTED LINE)

| | |
|--|---------------------------|
| Fully Insured & Underwritten by: SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK | |
| <i>Serviced by</i> | |
| Richard J. Horan Agency • P.O. Box 460 Laconia, New Hampshire 03247 • 1-800-327-7567 | |
| This Identification Card is issued to the undersigned who is eligible to participate in the 2010-2011 Southern New Hampshire University Student Insurance Plan. | |
| Policy No. 2010H8A19 | |
| NAME OF STUDENT _____ | SOCIAL SECURITY NO. _____ |
| <i>Possession of this card does not guarantee eligibility. The student must be enrolled in the plan. Eligibility is subject to verification by the Plan Administrator.</i> | |

----- DETACH AND RETURN -----

SOUTHERN NEW HAMPSHIRE UNIVERSITY, Manchester, NH

DEPENDENT COVERAGE

I understand dependent coverage is available "only" if student premium is paid.

I enclose my check payable to the order of Richard J. Horan Agency for the amount and coverage indicated below:

- \$1,800 SPOUSE ONLY (Sept. 1, 2010 to Sept. 1, 2011)
- \$ 950 CHILDREN ONLY (Sept. 1, 2010 to Sept. 1, 2011)

Return Check & Completed Form To:
Richard J. Horan Agency
P.O. Box 460 • Laconia, N.H. 03247
(603) 524-5912

Please include _____

SIGNATURE OF STUDENT

NAME OF SPOUSE

NAMES OF DEPENDENT CHILDREN

ADDRESS

STREET

CITY

STATE

ZIP CODE

EF-H8A19

**\$500,000
Catastrophic
Major Medical
SUPPLEMENT**

For Students
and Dependents

Provided by:
The Richard Horan Agency

2010–2011

(underwritten by
Markel
Insurance Company)

Please Note: Coverage under this Policy does not include any Accident sustained while participating in any professional sport, semi-professional sport, intercollegiate sport, club or intramural sports contest or competition or while participating in any practice or conditioning program of a preparatory nature for such sport, contest or competition.

\$500,000 Major Medical Supplement

Dear Students and Parents:

If you have purchased the **Basic Plan** of coverage, you are eligible to purchase this additional coverage!

Once the \$75,000 deductible has been satisfied (covered under the **Basic Plan** according to the policy provisions of that program), this plan will pay up to 80% of the usual and customary expenses up to an additional \$500,000.

Should you be interested in this program, please call the Richard J. Horan Agency at 1-800-327-7567 for further details.

NOTE: An application and payment must be submitted by Sept. 15, 2010 (or Jan. 15, 2011) to be eligible for coverage.

