

Student Accident And Sickness Insurance Program

Designed for the Students of

Champlain College

Burlington, Vermont 05402-0670

2009-2010

Policy Number: 2009I5A07

Effective August 9, 2009 to August 8, 2010

Underwritten by:

Security Mutual Life Insurance Company of New York
Binghamton, New York

As policy form # SML-260 (Rev.01) (VT-CC)

IMPORTANT NOTICE

This information provides a brief description of the important features of this Insurance program. It is not a contract. Terms and conditions of the coverage are set forth in policy number 2009I5A07 issued in Vermont for Champlain College. Please keep this material with your important papers.

*****BE AWARE THAT MAXIMUM BENEFITS UNDER THESE NON-CATASTROPHIC PLANS ARE NOMINAL, (\$10,000 FOR PLAN A AND \$50,000 FOR PLAN B) WITH VARIOUS SUB-LIMITS. IN ADDITION, COVERAGE UNDER THESE SECONDARY PLANS APPLIES ONLY AFTER PRIMARY INSURANCE UNLESS NO PRIMARY INSURANCE EXISTS. PLEASE REVIEW THESE MATERIALS CAREFULLY (WITH YOUR PARENTS, IF APPLICABLE) TO ENSURE YOU UNDERSTAND COVERAGES PROVIDED AND NOT PROVIDED AND CHOOSE WHICH PLAN MOST APPROPRIATELY MEETS YOUR COVERAGE NEEDS.*****

Form No.: 09-I5A07 (Bro.)

OVERVIEW OF PLAN A AND PLAN B

Champlain College offers its students two (2) medical plans. Plan A is a lower plan with lower maximum benefits whereas Plan B is a more comprehensive plan with higher benefit levels.

Premium - Annual Premium (including a school Administration Fee) for Plan A is \$218 (\$109 per semester) and the Annual Premium (including a school Administration Fee) for Plan B is \$870 (\$435 per semester).

NOTE: All **Allied Health** students are required to purchase Plan B unless proof of coverage from a personal plan that is equal to or exceeds Plan B is provided to the College by August 27, 2009.

All **Study Abroad** students, including third party program Montreal and Dublin program students, will be required to purchase Plan B coverage unless they provide proof of coverage from a personal insurance plan.

If providing proof of personal insurance, Study Abroad students will be required to acknowledge that they are personally responsible for any expenses relating to evacuation and repatriation from the study abroad country.

EFFECTIVE AND TERMINATION DATES

Effective Dates: Insurance under the Policy will become effective on:

1. August 9, 2009 to August 8, 2010 for Annual Plan.
2. August 9, 2009 to December 18, 2009 for Fall Semester.
3. December 18, 2009 to August 8, 2010 for Spring Semester.
4. All full-time students are automatically enrolled into Plan A unless they submit proof of other coverage by completing the student insurance waiver online.

Termination Dates: An Insured Person's insurance will terminate on the earliest of:

1. The date this Policy terminates for all insured persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service.

PLAN COVERAGE

Student Accident and Sickness Policy Information

This brochure is a brief description of the Accident and Sickness Insurance Program. This plan is underwritten by Security Mutual Life Insurance Company of New York. The exact provisions governing this insurance are contained in the master policy

(referred to below as "this policy" or "the policy") issued to the College and may be viewed at the Finance Office. Please retain this brochure for future reference. The master policy shall control in the event of any conflict between this brochure and the policy.

ELIGIBILITY

All registered full-time students (12 credits or more) of Champlain College are eligible for both Plans.

Students enrolled in any program (other than Allied Health Program or Study Abroad Program) for 12 credits or more are required to participate, at a minimum, in Plan A unless proof of personal coverage equal to or exceeding Plan A is provided to the College by August 27, 2009.

Students enrolled in the Allied Health Program for at least 1 course, are required to participate in Plan B unless proof of personal coverage equal to or exceeding Plan B is provided to the College by August 27, 2009.

Students enrolled for less than 12 credits (unless in Allied Health Program) are not eligible to participate in either Plan A or B.

COVERAGE

These plans provide for reimbursement of certain eligible medical expenses incurred because of: 1) accidental bodily injuries occurring to the student, directly and independently causing a loss to the student while covered under the plan; and 2) a covered disease or illness contracted by the student while covered under the plan.

NON-DUPLICATION OF BENEFITS PROVISION

The Policy will not duplicate benefits for expense covered by any Other Valid and Collectible medical, health or accident insurance or prepayment plan. The Company's liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by Other Valid and Collectible insurance on an expense incurred or provision of service basis. Benefits payable under this Policy will be excess and secondary to such other coverage.

DEFINITIONS

Accident means a sudden, unforeseeable external event, which causes injury to an Insured person. The accident must occur while coverage is in effect for the Insured person.

Covered Injury means a bodily Injury that is sustained by an Insured Person while he/she is insured under this Policy or the School's prior policies and caused by an accident directly and independently of all other causes.

Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under the Policy. All Injuries sustained by one (1) person in any one (1) accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness includes Complications of Pregnancy. Sickness will also include normal pregnancy when conception occurs during the term coverage.

Preexisting Condition means:

1. A condition that would cause an Insured Person to seek medical advice, diagnosis, care or treatment during the twelve (12) months immediately preceding the effective date of coverage;
2. A condition for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) months preceding the effective date of coverage; or
3. A pregnancy existing on the effective date of coverage.

Prosthetic device means an artificial limb device to replace, in whole or in part, an arm or a leg.

Usual, Reasonable and Customary Charge means the fee(s) for medical services or supplies which is (are):

1. The usual fee(s) charged by the provider for the service or supply given;
2. The average fee charged for the service or supply in the locality in which the service or supply is received; and
3. Reasonable in relationship to the service or supply given and the severity of the condition.

PLAN A

EXCESS ACCIDENT MEDICAL/DENTAL EXPENSE

This benefit will be paid if injuries required the insured student to be treated by a physician. This plan will pay the reasonable expenses incurred within 52 weeks after the accident, that exceed the amount(s), if any, payable under any other collectible insurance. Covered accident expenses are:

- Physician's fees, charges of licensed or graduate nurses and consultant's fees (when recommended by the attending

physician while the insured student is in residence at the school).

- Hospital charges of for up to 31 days of continuous hospital confinement.
- Medical expenses, in or out of the hospital, for any one (1) accident including transfusions, medicines, X-ray treatment, diathermy, anesthetics and its administration, drugs, artificial limbs, ambulance service (to and from the hospital) and therapeutics.
- Diagnostic X-ray and lab expenses.
- Dental cares if one (1) or more natural teeth are accidentally injured up to \$150 for any one (1) accident.

The maximum payable under this plan as the result of any one (1) accident will not exceed: a) \$150 for dental care or treatment; or b) \$10,000 for any injury sustained from policyholder sponsored club or intramural sporting event after a \$150 deductible; subject to maximum of \$10,000 total for all covered accident expenses.

EXCESS SICKNESS MEDICAL EXPENSE

This benefit will be paid if sickness required the insured student to be treated by a Physician. This plan will pay the reasonable expenses incurred for any one (1) covered sickness within 52 weeks after the insured student first receives medical treatment that exceeds the amount(s), if any, payable under other collectible insurance. Covered sickness expenses are the charges for:

- Hospital inpatient charges up to 31 days for: 1) room and board up to \$100 for each day of confinement; 2) miscellaneous services and supplies during such confinement (excluding special nursing service) up to \$1,000 for any one (1) sickness; and 3) special nursing service up to \$10 per 24 hour day, subject to a \$100 maximum.
- Surgical procedure by a physician or surgeon up to \$750, in accordance with a graduated surgical schedule.
- Administration of anesthetics by an anesthesiologist (who is not the attending physician or an employee of a hospital) in connection with a surgical procedure not to exceed 25% of the benefit payable for the surgical procedure performed.
- Inpatient medical treatment (not related to surgery) by a physician while the student is hospital confined not to exceed one (1) visit per day or more than \$10 per visit.
- Outpatient medical treatment (not related to surgery) by a physician not to exceed one (1) visit per day or more than \$10 per visit.
- Ambulance service to or from a hospital for hospital confinement up to \$25.
- Outpatient hospital services and supplies up to \$75.

- Diagnosis or treatment by a medical or surgical consultant while the student is enrolled at the College up to \$25.
- Diagnostic (including X-ray and lab) services when there is no benefit payable under hospital expenses up to \$100.
- Treatment for mental or nervous health conditions: 1) on an inpatient basis up to 45 days in a calendar year, same as for any other covered sickness or 2) on an outpatient basis payable at 100% for the first 5 visits and 80% for any additional visits in a policy year to a maximum of \$500.

The maximum payable under this plan as the result of any one (1) sickness will not exceed \$10,000. Pregnancy commencing on or after the effective day of this policy will be treated on the same basis as expenses incurred for any one (1) sickness described above.

EXCLUSIONS

Plan A does not cover:

1. Injury sustained or sickness contracted while in the service of the Armed Forces of any country. Send us proof of service. We will refund any premium paid for this time. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
2. Eyeglasses or examinations or prescriptions therefor;
3. Preventative medicines, serums or vaccines, or treatment where no injury or sickness is involved;
4. Any loss that is caused by flight in:
 - a. An aircraft, except as a fare-paying passenger;
 - b. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - c. An ultra-light, hang-gliding, parachuting or bungee cord jumping.
5. Any loss which is covered by state or federal worker's compensation, employers liability, or occupational disease law;
6. Intentionally self-inflicted injury or attempted suicide;
7. Cosmetic surgery, except for:
 - a. Reconstructive surgery on a diseased or injured part of the body; or
 - b. Congenital disease or anomaly of a covered Dependent which causes a functional defect.
8. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a Doctor (Accidental ingestion of a poisonous substance is not excluded);
9. Services and supplies furnished by the School Infirmary, its Employees or Doctors who work for the School;

10. Expenses incurred to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
11. Dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound, natural teeth;
12. Loss caused by an Insured's participation in riot;
13. Loss caused by or resulting from declared or undeclared war or any act thereof;
14. Treatment provided in any Veterans Administration Hospital or in a governmental Hospital except if there is a legal obligation to pay;
15. Practice or play in any club or intramural sports activity, to the extent that the expense exceeds \$10,000;
16. That part of medical expense payable by any automobile insurance policy without regard to fault.

**PLAN B
EXCESS ACCIDENT AND SICKNESS**

When hospital or medical care is required for an injury or a sickness, payment will be made as allocated below for covered medical expenses incurred while insured, up to a Maximum Lifetime Benefit of \$50,000 for each accident or sickness.

Expenses otherwise covered will be payable for a Pre-Existing Condition, up to \$1,500 in a policy year for any one (1) accident or sickness, except to the extent such expenses are payable under any prior policy in the absence of this policy.

HOSPITAL ROOM AND BOARD - 80% of the semi private room rate, up to 60 days.

MISCELLANEOUS HOSPITAL EXPENSE - 80% of the usual, reasonable and customary charge for x-ray examinations, laboratory tests, anesthesia supplies and equipment use, medicines, use of operating room, casts and temporary surgical appliances when the insured is confined as a bed patient in a hospital, up to \$1,000.

HOSPITAL INTENSIVE CARE EXPENSE - 80% of the usual, reasonable and customary charge, up to 6 days.

DAY SURGERY HOSPITAL EXPENSE - 80% of the usual, reasonable and customary charge for miscellaneous hospital charges for day surgery (exclusive of the Surgery Expense benefit), up to \$1,500.

OUTPATIENT EXPENSE - charges for outpatient x-rays, laboratory tests, use of Emergency Room are payable as follows - 80% of the usual, reasonable and customary charge, up to \$1,000 with a \$50 co-pay per Emergency Room Visit. Physical Therapy up to a \$250 per injury.

PRESCRIPTION MEDICINE EXPENSE - after a \$50 deductible per Insured person, per policy year, 80% of the usual, reasonable and customary charge, up to \$500, for medicines prescribed by a doctor. This benefit shall also include payment for prescriptions for orthodontics, braces, crutches, surgical appliances, and mental health conditions.

SURGICAL EXPENSE (In or out of hospital) - 80% of the usual, reasonable and customary charge for surgery, up to \$3,000. When surgery requires the services of an Assistant Surgeon or an Anesthetist not employed or retained by the hospital, up to 20% of the amount payable for each professional, up to \$1,000 for each professional.

PHYSICIAN EXPENSE (In or out of hospital) - charges for the non-surgical services of a physician are payable as follows - up to \$100 for the first visit then, beginning with the third visit, \$35 for each visit thereafter, limited to one (1) visit per day, not to exceed \$600 (Note: second visit is not payable).

AMBULANCE EXPENSE - Pays up to \$50 for a professional ground ambulance to or from a hospital, when required due to the emergency nature of the accident or sickness.

DENTAL EXPENSE -

- A. Up to \$50 for dental treatment of an accidental injury to sound, natural teeth.
- B. Up to \$75 per tooth for the extraction of impacted or unerupted wisdom teeth.

ABORTION EXPENSE - up to \$375 for voluntary termination of pregnancy, provided the pregnancy commences while insured. No other policy benefits are payable for abortion.

CAT SCAN, MRI EXAMS, LASER TREATMENT, etc. - 80% of the usual, reasonable and customary charge for special high-cost procedures such as CAT scans, MRI exams, laser treatments, etc., up to \$2,000.

RADIATION AND CHEMOTHERAPY - 80% for radiation therapy or chemotherapy, up to \$2,000.

MENTAL HEALTH CARE EXPENSE - The Company will pay the expenses incurred for the treatment of a mental, nervous or emotional disorder as follows.

1. Inpatient - Expenses incurred for confinement in a licensed general Hospital or in a public or licensed mental Hospital, including inpatient care at a community mental health center, will be payable for a maximum of 45 day equivalents of active care per Policy year.

2. Outpatient - The Company will pay the Usual and Reasonable charges for outpatient services furnished by a licensed general Hospital or public or licensed mental Hospital, by a qualified mental health facility or by a licensed or certified mental health professional. These services will be payable at the rate of 100% for the first five (5) visits and at a rate of 80% thereafter up to \$500 per policy year. For the purposes of this benefit, **outpatient services** means consultations, diagnosis or treatment provided in a facility or by a licensed or certified mental health professional approved by the Secretary of the Agency of Human Services.

3. Partial Hospitalization - The period of treatment for which benefits will be payable may not exceed 45 day equivalents of active date per Policy year. For the purposes of this benefit, **partial Hospitalization** means a service of more than two (2), but less than 24 hours, which provides treatment that can reasonably be expected to lead to full or partial recovery of the patient or that promotes emotional or psychological change to alleviate the effects of mental disorders or prevents deterioration of patient's emotional or physical functions.

MATERNITY CARE - the same benefits as payable for any sickness will be payable.

REPATRIATION AND MEDICAL EVACUATION COVERAGE - In addition to the coverage provided by this plan through Security Mutual Life Insurance Company of New York, Champlain College offers Repatriation and Medical Evacuation coverage as shown below:

REPATRIATION - \$7,500 per person - In the event of the death of a covered person who is a student, the Company will reimburse Champlain College for those expenses as may reasonably be incurred up to the maximum limit of \$7,500 in connection with the preparation and transportation of the body including but not limited to, the cost of embalming and coffin, to the person's place of residence in his/her home country, provided the student is studying outside his/her home country. This benefit does not include the transportation expenses of anyone accompanying the body, nor does it extend to repatriation of spouses, same-sex spousal equivalents, or children.

MEDICAL EVACUATION - \$10,000 per person - The Company will pay for those expenses resulting from a covered injury or sickness, after hospitalization of at least 5 days, and upon the written certification of the attending physician, for air evacuation of

an insured student, including physician or nurse accompaniment, the actual expense incurred, but not to exceed \$10,000 in aggregate. Evacuation may be to his/her natural country or to a hospital operated pursuant to the law for the care and treatment of injured or ill persons. Any expenses in respect to medical evacuation require prior approval of Champlain College Student Health Center. This benefit does not extend to medical evacuation of spouses, same-sex spousal equivalents or children. Repatriation and Medical Evacuation coverage's are subject to the same Exclusions and Limitations set forth in the Student Health Insurance Policy issued by Security Mutual Life Insurance Company of New York, for the period and providing the other coverage as shown in this brochure.

STATE MANDATED BENEFITS

This plan will also pay any applicable benefits mandated by Vermont State Insurance Law, the same as for any other covered sickness unless stated otherwise. All mandated benefits are subject to the terms and conditions generally applicable to other benefits provided under the policy.

ALCOHOL DEPENDENCY COVERAGE

The plan will also provide benefits for alcohol dependency coverage on the same basis as any sickness. Benefits include:

- Detoxification benefits of no more than 5 days for each occurrence.
- Inpatient rehabilitation of no more than 28 days for each occurrence and not more than 2 inpatient occurrences during the insured student's lifetime. (Two (2) partial confinement days equal one (1) in-patient day.)
- Outpatient rehabilitation of no more than 90 hours for the covered person under treatment and up to 180 days during the lifetime of the covered person.

Outpatient treatment or partial confinement should be utilized prior to Hospital Confinement, where appropriate.

Detoxification in a Hospital is appropriate only when a non-hospital facility is certified as inappropriate by a physician.

In-patient rehabilitation in a Hospital is appropriate only when non-hospital rehabilitation is certified as inappropriate by a Substance Abuse Counselor who is not a member of the Hospital.

CANCER SCREENING TESTS – The Company will pay the charges incurred for the following cancer screening tests.

1. Screening mammogram performed according to the following schedule:

- a. A baseline mammogram for women age 35 through 39 inclusive;
 - b. A mammogram every year for women age 40 and over.
2. PAP tests for women 18 years of age and older.
 3. Prostate Cancer Screening that is consistent with the recommendations by the Centers for Disease Control and Prevention or if recommended by the Insured Person's health care provider.

CLINICAL TRIAL COSTS FOR CANCER TREATMENT STUDIES – We will pay the expenses incurred by an Insured Person for the costs of routine patient care services for patients who participate in all four types of approved cancer clinical trials (Phase I, II, III and IV) that are conducted under the auspices of cancer care providers. We will pay such benefits on the same basis as for other covered medical and surgical procedures.

LOW PROTEIN MODIFIED FOOD PRODUCT BENEFIT – Coverage will be provided for the Medically Necessary treatment of an inherited metabolic disease on the same basis as any other Covered Sickness. Such treatment will include the cost of low protein food products that are part of a diet prescribed by a licensed Physician and managed by a health care professional in consultation with a Physician who specializes in the treatment of metabolic disease. Such diet must be deemed Medically Necessary to avert the development of serious physical and mental disabilities or to promote normal development or function as a consequence of the inherited metabolic disease.

We will provide coverage for this benefit only to the extent that the cost of Medically Necessary formulas and special food products exceeds the cost of a normal diet.

DIABETES COVERAGE - We will pay Eligible Expenses for the equipment, supplies and outpatient diabetes self-management training and education. This includes medical nutrition therapy for the treatment of insulin dependent diabetes, insulin using diabetes, gestational diabetes and noninsulin using diabetes if prescribed by a Doctor.

TREATMENT TO BONES OR JOINTS IN THE FACE, NECK OR HEAD – The Company will pay the expenses incurred for the diagnosis and Medically Necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head. The musculoskeletal disorder must be the result of an accident, trauma, congenital defect, developmental defect or pathology. The benefits provided under this provision will be the same as

that provided for any other musculoskeletal disorder in the body. Benefits will be provided for treatment prescribed or administered by either a Physician or a dentist.

This provision does not provide benefits for dental services for the diagnosis or treatment of dental disorders or dental pathology primarily affecting the gums, teeth or alveolar ridge.

CONTRACEPTIVE COVERAGE – The Company will pay the expenses incurred for outpatient contraceptive services as follows:

1. Sterilizations, payable as an outpatient surgery benefit; and
2. If prescription drugs coverage is a benefit of this policy, the purchase of all prescription contraceptives and prescription contraceptive devices approved by the Federal Food and Drug Administration.
3. Any coinsurance factors or deductibles that apply to either outpatient surgery or prescription drugs will also apply to this benefit.

HOME HEALTH CARE BENEFIT - If a Covered Student incurs medically necessary Doctor prescribed Home Health Care Expense, we pay 80% of such Eligible Expense incurred within 12 months from the date of the first Home Health Care visits, subject to:

- annual deductible of \$50
- maximum of forty (40) visits (four (4) hours of Home Health Aide Service will count as one (1) Home Health Care visit) coverage for maternity and childbirth is subject to a 9 month waiting period
- coverage will be provided if the covered person is not eligible for Medicare

Home Health Care Eligible Expenses include:

- part-time nursing care, by or supervised by a registered graduate nurse
- part-time home health aide services which consists mainly of caring for the patient
- physical, occupational, respiratory or speech therapy
- nutrition counseling
- medical social services by a qualified social worker licensed by the jurisdiction where services are rendered
- medical supplies, prosthetic and orthopedic appliances, rental or purchase of durable medical equipment, drugs and medicines obtained by prescription only including insulin, but only to the extent that such charges would have been considered covered expenses had the Covered Student required confinement in a Hospital or in a skilled nursing facility.

COVERAGE FOR PRESCRIPTION DRUGS PURCHASED IN CANADA – The Company will pay the expenses incurred for prescription drugs purchased in Canada, and used in Canada or re-imported legally, or purchased through I-SaveRX program on the same benefit terms and conditions as prescription drugs purchased in the United States. For drugs purchased through the Internet, The Company will require evidence of the provider's accreditation by the Internet Mail-order Pharmacy Accreditation Commission (IMPAC) or similar organization.

PROSTHETIC DEVICE – The Company will provide coverage for the prosthetic device that is the most appropriate model that is medically necessary to meet the Insured Person's medical needs. The Company will also provide coverage for the medically necessary repair or replacement of a prosthetic device.

EXCLUSIONS AND LIMITATIONS

Plan B does not cover:

1. Dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth.
2. Eyeglasses, contact lenses, hearing aids, braces, appliances or prescriptions or examinations therefor.
3. Loss caused by participation in a riot.
4. Any loss that is caused by flight in:
 - a. An aircraft, except as a fare-paying passenger;
 - b. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - c. An ultra light, hang-gliding, parachuting or bungee cord jumping.
5. Loss caused by or resulting from declared or undeclared war or any act thereof.
6. Intentionally self-inflicted injury or attempted suicide.
7. Any loss which is covered by state or federal worker's compensation, employers liability, or occupational disease law.
8. Injury sustained or sickness contracted while in the service of the Armed Forces of any country. Send us proof of service. We will refund any premium paid for this time. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.)
9. Treatment provided in any Veteran Administration or in a governmental hospital except if there is a legal obligation to pay.
10. Elective treatment or elective surgery.
11. Cosmetic surgery, except for:
 - a. Reconstructive surgery on a diseased or injured part of the body; or

- b. Congenital disease or anomaly of a covered Dependent which causes a functional defect.
12. Practice or play in any club or intramural sports activity, to the extent the expense exceeds \$10,000.
13. That part of medical expense payable by any automobile insurance policy without regard to fault (Does not apply in any state where prohibited).
14. Voluntary termination of pregnancy except as provided under the Abortion Expense Benefit.
15. Mental or nervous disorders unless provided for under the Policy.
16. For contraceptive methods, devices, or aids, elective sterilization or its reversal; artificial insemination; or in-vitro fertilization, except as mandated by law.
17. Alcoholism or drug addiction unless provided for under the Policy.
18. Normal health checkups.
19. Expenses incurred to the extent that they are paid or payable under other valid and collectible insurance.
20. Expense incurred in excess of the usual and customary charge.

PRE-EXISTING CONDITION LIMITATION

The Policy does not cover Preexisting Conditions for the first six (6) months following the effective date of insured persons coverage. However, the Company will waive this Limitation if you:

1. Have been Continuously Insured for at least 12 consecutive months under one (1) or more student insurance policies issued to the School; or
2. Can provide satisfactory evidence of prior Creditable Coverage. To qualify for this waiver, you must fulfill all of the following requirements:
 - You must not be covered under any other health insurance.
 - You must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days.
 - Your most recent coverage must meet the definition of Creditable Coverage given in the Policy.

CONTINUOUSLY INSURED

This means that you have maintained continuous coverage under this Policy and/or prior student health insurance policies issued to the School. If you were previously covered under the School's plan and re-enroll for coverage within 31 days following

expiration of your coverage under a preceding student health insurance Policy, you will have maintained continuous insurance. If you do not enroll within this time frame, you will have a break in continuous insurance. Any Injury sustained or any Sickness originating before or during such break will be considered a Preexisting Condition.

SUBROGATION

If claims are incurred as a result of another person's negligence, the company has the right to seek reimbursement in accordance with the policy.

TERMINATION OF INSURANCE

Benefits are payable under this policy only for those covered expenses incurred while the policy is in effect as to the insured person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the extension of benefits provision shown below.

EXTENSION OF BENEFITS

If, as a result of injury or Sickness, an Insured Person is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Plan, but only while they are incurred during the 31 day period following such termination of insurance.

CLAIM PROCEDURE

In the event of Accident or Sickness:

1. If at school, contact Student Health Services.
2. You need to submit a claim form for each separate injury or sickness, available at your school, or by mail from Consolidated Health Plans. The claim form should be submitted within 30 days after the date of accident or commencement of a covered illness, or as soon as reasonably possible.
3. Claim forms are available from your Claim Administrator (address & phone below) or at: www.chpstudent.com.
4. Itemized billings (Written Proof of Loss) should be submitted by your health care provider or the Covered Person within 90 days of treatment, or as soon as reasonably possible.

All claim forms or questions relating to claims should be referred to the Claims Administrator shown below:

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540 or Toll Free (800) 633-7867
www.chpstudent.com

For a copy of the privacy notice you may
Go to
www.chpstudent.com/hipaamain.htm

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)**

All questions regarding enrollment status should be submitted to Champlain College:

Champlain College
Office of Student Accounts
P.O. Box 670
Burlington, Vermont 05402-0670
(802) 860-2741

Servicing Agent:
Hickok & Boardman Financial Network
346 Shelburne Road, P.O. Box 1064
Burlington, VT 05402-1064
(802) 658-3500

The Plan is underwritten by
Security Mutual Life Insurance Company of New York
Binghamton, NY
Policy Number: 2009I5A07

***“Representations of this plan must be approved
by the Company.”***

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plans Appeal Department. Include your name, phone number, address, school attended and email address, if available. Claims will be reviewed and responded to within 60 days by the Underwriting Company and Consolidated Health Plans.

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 the state statutes.

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, exclusions, and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 800-527-0218 or if you are in a foreign country, call collect at: 410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.