

2008-2009 STUDENT INJURY & SICKNESS INSURANCE PLAN

Designed Especially for the
Domestic Students of

**FLORIDA A & M
UNIVERSITY**



Excellence With Caring

**EXCESS INSURANCE
This Certificate Contains A
Deductible Provision**

This Plan is Underwritten by:
Nationwide Life Insurance Company
Policy #903108

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PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-633-7867.

ELIGIBILITY

All graduate and undergraduate students taking 6 or more credit hours are eligible to enroll in this insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. **If the Company discovers that the Eligibility requirements have not been met, its only obligation is refund of premium.**

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and their children under 25 years of age who are not self-supporting; who live with the Insured or who are a full-time or part-time student. Dependent Eligibility expires concurrently with that of the Insured student.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective, August 17, 2008. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates, August 16, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits are payable before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the termination date.

However, if an Insured is pregnant on the Termination Date and the conception occurred while covered under this policy, Covered Medical Expenses for such pregnancy will continue to be paid through the term of the pregnancy.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

EXCESS PROVISION

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance.

However, this Excess Provision will not be applied to the first \$100 of Medical Expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

STUDENT HEALTH CENTER REFERRAL REQUIREMENT

Covered Students and other eligible individuals must use the resources of the FAMU Student Health Services first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Services for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the Student Health Services must accompany the claim when submitted. A Student Health Services referral for outside care is not necessary only under the following conditions (all co-pays and deductibles will still apply).

1. Medical Emergencies (Student must return to SHS for follow-up care)
2. Student Health Services is closed
3. Medical care is received when Student is more than 20 miles from the campus
4. Maternity
5. Psychotherapy
6. When a Student is no longer able to use Student Health Services due to a change in Student status
7. Dental treatment due to Injury to Sound Natural Teeth
8. Dependents

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below.

For Loss of:

Life	\$5,000
Two or More Members	\$5,000
One Member	\$2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

MATERNITY TESTING

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on Medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-633-7867.

DEFINITIONS

Covered Medical Expenses means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as

a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

Pre-Existing Condition means any condition which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within the 12 months immediately prior to the Insured's Effective Date under this policy. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

Sickness means illness or disease of an Insured Person which first manifests itself after the Effective Date of insurance and while the insurance is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

Usual and Customary Charges means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

MANDATED BENEFITS

Benefits for Newborn Infant, Adopted or Foster Child

Newborn Infant. All health insurance benefits applicable for children will be payable with respect to a child born to the Named Insured or Dependents after the Effective Date and while the coverage is in force, from the moment of birth. However, with respect to a Newborn Infant of a Dependent other than the Insured Person's spouse, the coverage for the Newborn Infant terminates 18 months after the birth of the Newborn Infant. The coverage for Newborn Infant consists of coverage for Injury or Sickness including necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and transportation cost of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending Physician as necessary to protect the health and safety of the Newborn Infant. The coverage of such transportation may not exceed the Usual and Customary Charges, up to \$1,000.

The Insured may notify the Company, in writing of the birth of the child not less than 30 days after the birth. If timely notice is given, the Company may not charge an additional premium for coverage of the Newborn Infant for the duration of the notice period. If timely notice is not given, the Company may charge the applicable additional premium from the date of birth. The Company will not deny coverage for a child due to failure to timely notify the Company of the child.

Adopted or Foster Child. The Named Insured's adopted child or foster child will be covered to the same extent as other Dependents from the moment of placement in the residence of the Named Insured. In the case of a newborn adopted child, coverage begins at the moment of birth and applies as for a newborn infant defined above if a written agreement to adopt such child has been entered into by the Named Insured prior to the birth of the child whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Named Insured's residence. The Pre-existing Conditions limitation will not apply to an adopted child, but will apply to a foster child. The Insured may notify the Company, in writing, of the adopted or foster child not less than 30 days after placement or adoption. If timely notice is given, the Company may not charge an additional premium for coverage of such child for the duration of the notice period. If timely notice is not given,

the Company may charge the applicable additional premium from the date of adoption or placement. The Company will not deny coverage for a child due to failure to timely notify the Company of such child.

Benefits will also be provided for a foster child or other child placed in court-ordered temporary or other custody of the Insured from the moment of placement.

Benefits for Diabetes

Benefits will be provided for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes, if the patient's treating Physician or a Physician who specializes in the treatment of diabetes certifies that such services are necessary. Diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Nutrition counseling must be provided by a licensed dietitian.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Mammography

Benefits will be paid the same as any other Sickness for a mammogram according to the following guidelines:

1. One baseline mammogram for women age thirty-five to thirty-nine, inclusive.
2. A mammogram for women age forty to forty-nine, inclusive, every 2 years or more frequently based on the patient's Physician's recommendation.
3. A mammogram every year for women age fifty and over.
4. One or more mammograms a year upon a Physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.
5. Benefits are paid, with or without a Physician prescription, if the Insured obtains a mammogram in an office, facility, or health testing service that uses radiological equipment registered with the Department of Health and Rehabilitative Services for breast-cancer screening.

Deductible and coinsurance do not apply to Mammography Benefits.

Benefits for Post-Surgical Mastectomy

Benefits will be paid the same as any other Sickness for outpatient post-surgical follow-up care in keeping with prevailing medical standards by a Physician qualified to provide postsurgical mastectomy care. The treating Physician, after consultation with the Insured, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the Hospital, treating Physician's office, outpatient center, or home of the Insured.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Mastectomies, Prosthetic Devices and Reconstructive Surgery

Benefits will be paid the same as any other Sickness for Mastectomy, prosthetic devices, and Reconstructive Surgery incident to the Mastectomy. Breast Reconstructive Surgery must be in a manner chosen by the treating Physician, consistent with prevailing medical standards, and in consultation with the patient.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician, and the term "breast reconstructive surgery" means surgery to reestablish symmetry between the two breasts.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Postdelivery Care for a Mother and Her Newborn Infant

Benefits will be paid the same as any other Sickness for postdelivery care for a mother and her Newborn Infant. Benefits for postdelivery care shall include a postpartum assessment and newborn assessment and may be provided at the Hospital, licensed birth center, at the Physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. Benefits shall include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Up To \$50,000 Maximum Benefit Paid As Specified Below (For Each Injury Or Sickness) • Deductible \$50 (For Each Injury Or Sickness) • Coinsurance In-Network 80% of Allowable Charge • Out of Network 60% of U&C Except As Noted Below

The Policy provides benefits for 80% of the Usual and Customary Charges (U&C) incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Out of Network 60% of U&C. Student Health Services will be paid at 100%, No Deductible. (Student Health Services include University of Central Florida, University of North Florida and University of South Florida.)

Covered Medical Expenses include:

INPATIENT BENEFITS	PPO Network	Out of Network
Room & Board	80%; \$1,000 per day	60%; \$1,000 per day
Hospital Miscellaneous	Included under Room & Board	Included under Room & Board
Intensive Care	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
Physiotherapy	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
Surgeon's Fees	80%; \$2,000 maximum	60%; \$2,000 maximum
Assistant Surgeon	No Benefits	No Benefits
Anesthetist	25%	25%
Registered Nurse's Services	No Benefits	No Benefits
Physician's Visit	80%; \$30 per day	60%; \$30 per day
Pre-Admission Testing (HM)	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
Psychotherapy/Drug Abuse	80%; \$1,500 maximum	60%; \$1,500 maximum
OUTPATIENT BENEFITS	PPO Network	Out of Network
Surgeon's Fees	80%; \$2,000 maximum	60%; \$2,000 maximum
Day Surgery Miscellaneous	80%; \$1,000 maximum	60%; \$1,000 maximum
Anesthetist	25%	25%
Assistant Surgeon	No Benefits	No Benefits
Outpatient Miscellaneous (OM)	80%; \$1,500 maximum	60%; \$1,500 maximum
Physician's Visit	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Physiotherapy	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Medical Emergency Expenses	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Diagnostic X-ray & Laboratory	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Injections	No Benefits	No Benefits
Radiation Therapy & Chemotherapy	No Benefits	No Benefits
Tests & Procedures	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Prescription Drugs (includes contraceptives at SHC only)	50%; \$500 maximum	50%; \$500 maximum
Psychotherapy	80%; \$75 per day max.; 10 days max.	60%; \$75 per day max.; 10 days max.
OTHER BENEFITS	PPO Network	Out of Network
Ambulance Services	80%; \$500 maximum	80%; \$500 maximum
Braces & Appliances	80%; \$200 maximum	60%; \$200 maximum
Consultant Physician's Fees	80%; \$100 maximum	60%; \$100 maximum
Dental Treatment	80%; \$200 maximum	80%; \$200 maximum
Elective Abortion	No Benefits	No Benefits
Maternity & Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Alcoholism/Drug Abuse	Paid under Psychotherapy	Paid under Psychotherapy
Wellness Benefit includes annual physical, gynecological exam, immunizations and vaccines, including HPV (SHC only)	80%; \$150 maximum per year	60%; \$150 maximum per year
Accidental Death & Dismemberment	\$2,500 to \$5,000 maximum	\$2,500 to \$5,000 maximum
Medical Evacuation	\$7,500 maximum	\$7,500 maximum
Repatriation	\$10,000 maximum	\$10,000 maximum

Benefits for Child Health Assurance

The benefits applicable for children shall include coverage for Child Health Supervision Services from the moment of birth to 16 years of age.

“Child Health Supervision Services” means Physician-delivered or Physician-supervised services which shall include as the minimum benefit coverage for services delivered at the intervals and scope stated below:

Child Health Supervision Services shall include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. Minimum benefits are limited to one visit payable to one provider for all services provided at each visit.

Benefits shall not be subject to the Deductible, but are subject to all co-payment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Hospital Dental Procedures

Benefits will be paid the same as any other Sickness for general anesthesia and hospitalization services for dental treatment or surgery that is considered necessary when the dental condition is likely to result in a medical condition if left untreated. The necessary dental care shall be provided to an Insured who:

1. Is under 8 years of age and is determined by a licensed dentist, and the child's Physician to require necessary dental treatment in a Hospital or ambulatory surgical center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
2. Has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or ambulatory surgical center.

This benefit does not include the diagnosis or treatment of dental disease.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Procedures Involving Bones or Joints of the Jaw and Facial Region

Benefits will be paid the same as any other Injury or Sickness for diagnostic or surgical procedures involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is medically necessary to treat conditions caused by Injury Sickness or congenital or developmental deformity.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Cleft Lip and Cleft Palate

Benefits will be paid the same as any other Sickness for a child under the age of 18 for treatment of cleft lip and cleft palate. The benefit will include medical, dental, speech therapy, audiology, and nutrition services if such services are prescribed by the treating Physician and such Physician certifies that such services are medically necessary and consequent to treatment of the cleft lip or cleft palate.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Osteoporosis

Benefits will be paid the same as any other Sickness for the medically necessary diagnosis and treatment of osteoporosis for high-risk individuals, including, but not limited to, estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy, individuals who have primary hyperparathyroidism and individuals who have a family history of osteoporosis.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Outpatient Services

Benefits will be provided for treatment performed outside a Hospital for any Injury or Sickness as defined in the policy provided that such treatment would be covered on an inpatient basis and is provided by a health care provider whose services would be covered under the policy if the treatment were performed in a Hospital. Treatment of the Injury or Sickness must be a Medical Necessity and must be provided as an alternative to inpatient treatment in a Hospital. Reimbursement is limited to amounts that are Usual and Customary for the treatment or services.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Benefits for Enteral Formulas Coverage

Certain prescriptions and nonprescription enteral formulas: Benefits will be paid for prescription and nonprescription enteral formulas for home use which are physician prescribed as medically necessary for the treatment of inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein, in an amount not to exceed \$2,500 annually for any insured individual, through the age of 24. This section applies to any person or family notwithstanding the existence of any pre-existing condition.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
5. Biofeedback;
6. Chemotherapy; Radiation Therapy; Injections;
7. Chronic pain disorders;
8. Circumcision;
9. Congenital conditions, except as specifically provided under Benefits for Newborn or Adopted Infants or Benefits for Cleft Lip and Cleft Palate;
10. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;

11. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
12. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
13. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function;
14. Elective abortion;
15. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
16. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
17. Health spa or similar facilities; strengthening programs;
18. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child, Benefits for Child Health Assurance and Benefits for Cleft Lip and Cleft Palate. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
19. Hirsutism; alopecia;
20. Hypnosis;
21. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
22. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;

23. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
24. Injury sustained while (a) participating in any inter-scholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
25. Investigational services;
26. Lipectomy;
27. Experimental organ transplants; if not experimental in nature, organ transplants will be covered as any other Sickness; organ donation;
28. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
29. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting except in self-defense;
30. Pre-existing Conditions, will apply for the first 12 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy;
31. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;

- g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after (1) year of date of the prescription
32. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
 33. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
 34. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
 35. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy; except as specifically provided under Benefits for Child Health Assurance.
 36. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
 37. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
 38. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
 39. Sleep disorders;
 40. Speech therapy, except as specifically provided under Benefits for Cleft Lip and Cleft Palate; Naturopathic services;

41. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
42. Supplies, except as specifically provided in the policy;
43. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
44. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two-or three-wheeled motor vehicle; or four-wheeled all terrain vehicle (ATV);
45. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
46. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
47. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

PREFERRED PROVIDER INFORMATION

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by the provider when making an appointment for services. You can access a list of preferred providers at www.beechstreet.com or call 1-800-877-1444.

REPATRIATION/MEDICAL EVACUATION/ TRAVEL ASSISTANCE

Repatriation Benefits \$10,000 Maximum Benefit - If the Insured dies while insured under the policy, benefits will be paid up to \$10,000 for preparing and transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified above. Repatriation requires prior approval from the claims office. Please call 800-527-0218 for prior authorization.

Medical Evacuation Benefit \$7,500 Maximum Benefit - When hospital confined for at least five consecutive days, and recommended and approved by the attending physician, benefits will be paid up to \$7,500 for the evacuation of the Insured to his natural country. This benefit is limited to the Maximum Benefit specified above and all services must be necessary for the care and treatment of the Insured. Any expenses for medical evacuation require prior approval of the claims office. Please call 800-527-0218 for prior authorization.

Traveler's Assistance Services

Each Insured Person is provided international assistance services through MEDEX Assistance Corporation. Services include assistance with language barriers, sending emergency messages, maintaining contact with family and your personal physician back home.

MEDEX Assistance Corporation
9515 Deereco Road, 4th Floor
Timonium, MD 21093 • (800) 527-0218

These Traveler's Assistance Services are not affiliated with or insured by Nationwide Life Insurance Company.

CLAIM PROCEDURE

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

- 1) Report to Student Health Services, if available, or to your Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, ID number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

THE PLAN IS UNDERWRITTEN BY:

Nationwide Life Insurance Company
302-528-0906

SERVICING AGENT

Albert "Al" Belanger
Health Benefits Concepts, Inc.
P.O. Box 15408 • Surfside, SC 29587
1-800-463-2317 • email:al@hbcstudent.com
www.hbcstudent.com

SUBMIT ALL CLAIMS OR INQUIRIES TO:

Consolidated Health Plans
2077 Roosevelt Ave. • Springfield, MA 01104
800-633-7867 • www.chpstudent.com

ONLINE SERVICES:

Please visit our Website at www.gmsouthwest.com or call 800-381-4517 for Brochures, Enrollment Cards (printable using Adobe Acrobat) and Coverage Receipts. Please visit the CHP Website at www.chpstudent.com for Claims Status, ID cards and other claim services.

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

This Brochure is based on
Policy #903108