



SAINT JOSEPH COLLEGE

CONNECTICUT

2009-2010 STUDENT ACCIDENT & SICKNESS BENEFIT SUMMARY

The Plan is underwritten by Security Mutual Life Insurance Company of New York, Binghamton NY

The following summary is intended as an overview of the benefits provided under the 2009-2010 Saint Joseph College Student Insurance Plan. To view the full plan brochure, please visit www.chostudent.com

Accident Benefits		
Inpatient & Outpatient	100% up to a maximum of \$10,000 benefits for eligible medical expenses to a maximum of \$10,000 for any covered accident, except for accidental injuries to natural teeth, which are reimbursed up to \$500	
Sickness Benefits	PART-TIME STUDENTS	FULL-TIME STUDENTS
	Maximum Sickness benefit limit is \$10,000 per Sickness	Maximum Sickness benefit limit is \$25,000 per Sickness
Outpatient Services - Sickness		
Outpatient	80% up to a maximum benefit is \$1,000 per sickness. Includes: Office Visit, X-Rays, Lab Work, Emergency Room, Outpatient Hospital and Mental Health (including substance abuse)	80% up to a maximum benefit is \$1,500 per sickness. Includes: Office Visit, X-Rays, Lab Work, Emergency Room, Outpatient Hospital and Mental Health (including substance abuse)
Hospital Services (including Mental Health and Substance Abuse) - Sickness		
Inpatient	Policy pays up to \$200 per day for room & board; 60 day maximum	Policy pays up to \$400 per day for room & board; 60 day maximum
Intensive Care Room and Board Expense – Sickness		
Inpatient	Policy pays up to \$200 per day for room & board; 60 day maximum	Policy pays up to \$800 per day for room & board; 60 day maximum
Other Hospital Charges		
Inpatient	Policy pays 100% for the first \$300 of eligible expenses, then 80% of any remaining eligible expenses up to \$2,500	Policy pays 100% for the first \$700 of eligible expenses, then 80% of any remaining eligible expenses up to \$2,500
Surgical Operations Expense Benefit - Sickness		
Inpatient & Outpatient	Policy pays up to 100% of Reasonable & Customary charges to a maximum benefit of \$1,200 per sickness	Policy pays up to 80% of Reasonable & Customary charges to a maximum benefit of \$3,000 per sickness
Anesthesia Expense Benefit – Sickness		
Inpatient & Outpatient	Policy pays up to 80% of Reasonable & Customary charges to a maximum of \$1,200	Policy pays up to 80% of Reasonable & Customary charges to a maximum of \$3,000
In-Patient Physician Visit - Sickness		
Inpatient	Policy pays up to \$20 per visit, \$400 maximum per sickness	Policy pays up to \$75 for the first visit and \$60 thereafter; \$1,300 maximum per sickness, allows one (1) visit per day
Other Services - Sickness		
Ambulance Service	Maximum of allowable rate established by the Department of Public Health	
Prescription Drugs – must be filled at and "Express Scripts" Participating Pharmacy	\$10 for a 30-day supply of a generic drug or \$15 for a 30-day supply of a brand name drug up to \$250 Per Policy Year	

Coverage is provided for benefits mandated by the state of Connecticut. See brochure for full details.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

1. The Covered Person has been continuously insured under the Policy, or the Schools prior Policy for more than 12 months; or
2. The individual seeking coverage under the Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the Effective Date of coverage under the Policy (150 days prior to the Effective Date of coverage under the Policy if prior Creditable Coverage terminated due to an involuntary loss of employment) provided the Covered Person applied for coverage under the Policy within 30 days of initial eligibility.

Creditable Coverage means coverage under any of the following without a break in coverage of 120 days or more: (a) a group health plan; (b) health insurance coverage; (c) Medicaid or Medicare; (d) a State Health benefit risk pool; (e) United States military sponsored health care; (f) Public Health Plan; (g) the Federal Employees Health benefit plan; (h) a medical care program of the Indian Health Service or of a tribal organization; (i) a health plan under the Peace Corps Act.

EXCLUSIONS

No payment will be made for the following charges:

1. Treatment, services or supplies which: are not Medically Necessary; are not prescribed by a Doctor as necessary to treat a Sickness or Injury; are determined to be Experimental/Investigative treatments, except as mandated by the state of Connecticut; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Those services or supplies furnished, paid for, or as to which benefits are provided or required under any law, national or otherwise. This exclusion will not apply to a plan for civilian employees of a government. It will apply to such plans as Workers' Compensation and Medicare or Medicaid and services provided while in the armed forces and/or government (only to the extent allowed by the laws of the jurisdiction where the Policy is issued).
3. Injury resulting from the practicing for, participating in, or traveling as a team member to and from interscholastic sports.
4. Services that are provided normally without charge by Policyholder, services for fees provided by the Policyholder, or services rendered by any person employed by the Policyholder, or any other service performed at no cost.
5. Expenses for custodial care, personal items or routine medical care.
6. Prescription Drugs, except as specifically provided.
7. Suicide or any attempt at suicide while sane or insane, or intentionally self-inflicted injury, unless in conjunction with and as the result of a diagnosed mental or nervous condition as defined and covered under the policy.
8. Disease, ptomaine's or bacterial infection.
9. Declared or undeclared war or any act of war.
10. Athletic Injury which occurs while practicing or playing intercollegiate sports.
11. Charges for artificial limbs, orthopedic braces, orthotic devices.
12. An Injury that is caused by flight in: an aircraft, except a fare-paying passenger; an ultra light; hang gliding, parachuting or bungee cord jumping.
13. Charges for preventive medicines, serums or vaccines, except as specifically provided.
14. Cosmetic surgery, except as the result of a covered injury. This exclusion will also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.
15. Expenses for dental treatment, except treatment resulting from Injury to Sound and Natural Teeth, or as specifically provided by this Policy.
16. Eyeglasses, contact lenses, braces, appliances or examinations or prescriptions therefore, except as specifically stated.

No benefits will be payable for Infertility Treatment. The diagnosis and treatment of infertility is contrary to the religious institutions bona-fide religious tenets.

Claims, Online Enrollment and Online Waiver

Administered by:

Consolidated Health Plans

2077 Roosevelt Avenue

Springfield, MA 01104

1-800-633-7867

www.chpstudent.com

Servicing Agent:

Willis of CT, LLC

185 Asylum Street, 25th Floor

Hartford, CT 06103

800-843-5404 or 860-278-1320