

STUDENT
ACCIDENT AND SICKNESS
INSURANCE PLAN



Hamilton

2009-2010 YEAR

Designed Especially for

HAMILTON COLLEGE
Clinton, New York

Policy No. UCL2671S

Form #HC09

**For questions about this plan
please use the following contact
information:**

Coverage, Eligibility and Premium:

Program Manager

The Allen J Flood Companies Inc.
2 Madison Ave.
Larchmont, NY 10538
1-800-734-9326
www.ajfusa.com

Claim Status and all other Claim Inquiries

Claims Administrator

Klais & Company, Inc.
1867 West Market Street, Akron, OH 44313
[1 800-331-1096](tel:18003311096)
[Website: http://www.klais.com](http://www.klais.com)

PPO Network Provider List

Beech Street

Online at: www.Beechstreet.com
[1.800.432.1776](tel:18004321776)

MultiPlan

Online at: www.multiplan.com
[1.800.672.2140](tel:18006722140)

The Plan is Underwritten By

United States Fire Insurance Company
by: Fairmont Specialty, a Division of
Crum & Forster
Policy No. UCL2671S

**When calling the above toll-free telephone
numbers, please have the name of your school
and the policy number (UCL2671S) available.**

We are pleased to be able to offer our Student Accident and Sickness Insurance Program again this year. We have worked with our insurance carrier to effectively control costs while enhancing benefits. The cost for the Basic Sickness and Supplemental Accidental and Sickness Insurance Plan for the 2009-2010 policy year is **\$507**.

**THE NEED FOR PROTECTION
AGAINST MEDICAL EXPENSES**

Hospitalization, surgery and accompanying medical expenses are at an all time high. Although many families have some form of health insurance, some plans do not cover the college student after age 19 or provide coverage outside the provider network. As a result, costly medical bills can impose financial hardship. The need for some form of medical expense protection is readily apparent. The insurance plan described in this brochure is provided as a service to our students.

**STUDENT ACCIDENT AND SICKNESS
INSURANCE PLAN**

This brochure is a brief description of the Student Accident and Sickness Insurance Plan available for all full-time students of Hamilton College. The exact provisions governing this insurance are contained in the Master Policy issued to Hamilton College. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United States Fire Insurance Company and administered by The Allen J. Flood Companies, Inc.

POLICY TERM

The insurance under Hamilton College's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 13, 2009. An eligible person's coverage becomes effective on that date, or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The Annual Policy terminates at 12:01 a.m. on August 13, 2010, or at the end of the period through which the premiums are paid. The Spring Semester is effective at 12:01 on January 1, 2010 and terminates at 12:01 on August 13, 2010.

ELIGIBILITY

All full-time students of Hamilton College are automatically covered for Basic Accident Medical Expense Benefits and Accidental Death & Dismemberment Benefits described in this brochure. This coverage is in effect for full-time students 24 hours a day.

Hamilton College offers the Basic Sickness and Supplemental Accident and Sickness Medical Expense Benefits on a “waiver” basis. The college requires that all students provide proof of health insurance on a yearly basis. Upon receipt of this information, enrollment in the Basic Sickness and Supplemental Accident and Sickness Medical Expense Benefits will be waived. The waiver form is available on the Program Administrator’s website at: www.ajfusa.com. The only way to waive the insurance is via internet <http://www.ajfusa.com>. The deadline for requesting a waiver of the annual insurance premium is **September 10, 2009**. The deadline for requesting a waiver for the spring is **January 10, 2010**. (Students who waived the coverage for the year do not have to resubmit a waiver for the Spring semester.) The annual premium for the Basic Sickness and Supplemental Accident & Sickness Medical Expense Benefits is **\$507.00**. Students entering Hamilton College for the Spring Semester will be charged a premium of **\$338.00** for the Basic Sickness and Supplemental Accident & Sickness Medical Expense Benefits.

LATE ENROLLMENT

Students will be able to enroll after the enrollment deadline if they lose coverage under their parent’s plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Insured Student will be covered from the date after the application and premium are received by the Plan Administrator. **Premiums will not be pro-rated.**

IDENTIFICATION CARDS

Identification Cards will be mailed to and distributed by Francine Vaughan at the Student Health Center. A temporary identification card can be printed at www.ajfusa.com.

PREMIUM REFUND POLICY

Insured Students entering the Armed Forces of any other country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro rata refund of premium upon written request. Premium received by the Company is fully earned upon receipt. **No other requests for a refund of premium will be considered.**

DEFINITIONS

Covered Expenses means charges:

- a. Not in excess of Usual, Reasonable and Customary charge;
- b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- c. Made for medical services and supplies not excluded under the policy;
- d. Made for services and supplies which are Medically Necessary; and
- e. Made for medical services specifically included in the Schedule.

Covered Person means the covered student.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Furthermore, Doctor includes any healthcare practitioner required under New York law providing a service covered under the policy. Doctor does not include:

- a. The Covered Person;
- b. The Covered Person's spouse, dependent, parent, brother, or sister; or
- c. A person who ordinarily resides with the Covered Person.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All Injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of Injuries will be considered one Injury.

Medical Emergency means an Injury or Sickness which arises out of a medical or behavioral condition which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person afflicted with such condition in serious jeopardy; or in the case of a behavioral condition placing the health of such person or others in serious jeopardy, or (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

Pre-Existing Condition means any Injury or Sickness or condition manifesting in symptoms during the 3 months immediately preceding the effective date of a Covered Person's insurance under the Policy or to a pregnancy existing on the effective date of such Covered Person's

coverage. If the Covered Person has had continuous coverage under this or a similar Health Insurance Plan from one year to the next, an Injury or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Sickness means illness, disease, normal pregnancy for the Insured Student, and Complications of Pregnancy that first manifests itself after the effective date of a Covered Person's coverage under the policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Usual, Reasonable and Customary means:

- a. Charges and fees for medical services or supplies that are the lesser of:
 - 1) The usual charge by the provider for the service or supply given; or
 - 2) The average charged for the service or supply in the area where service or supply is received; and
- b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

We, Us or Our means United States Fire Insurance Company.

PREFERRED PROVIDER NETWORK

This policy includes the voluntary utilization of Beech Street Nationwide Preferred Provider Network. Utilizing the Beech Street Nationwide Preferred Provider Network may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The Beech Street Network consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a Beech Street Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Medical Identification Card. A Covered Person may contact Beech Street at 1-800-432-1776, toll free number available Monday through Friday, 8 a.m. to 8 p.m., to receive information on participants in their area, or visit their web site at www.beechstreet.com.

DESCRIPTION OF BENEFITS

<p style="text-align: center;">BASIC ACCIDENT MEDICAL EXPENSE BENEFIT</p>
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If as a result of an Injury, We will pay, after a \$50.00 deductible per Injury, 100% of the Covered Expenses

incurred within 52 weeks from the date of the accident up to a Per Condition Aggregate Maximum of \$1,000.00 per Injury. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) pre-hospital medical emergency services; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

**ACCIDENTAL DEATH &
DISMEMBERMENT BENEFIT**

When, because of Injury, the Covered Person suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

<u>For Loss of:</u>	<u>Amount</u>
Life	\$1,000
Two hands two feet or sight of two eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One foot and sight of one eye	\$1,000
One hand or one foot or sight of one eye	\$ 500
Thumb and index finger of the same hand	\$ 500

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Loss of thumb and index finger means severance through or above metacarpophalangeal joint. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

<p>BASIC SICKNESS MEDICAL EXPENSE BENEFIT</p>
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If, as the result of Sickness, a Covered Person incurs covered Expenses, We will pay the Covered Percentage of the Expenses incurred, as allocated below, within 52 weeks from the first medical treatment of the date of the Sickness up to a maximum of \$1,500 per Sickness.

Hospital Room and Board Expense Benefit: If a Covered Person requires confinement in a hospital, We will pay the hospital room and board Expense up to the semi-private room rate.

Miscellaneous Hospital Expense Benefit: If a Covered Person incurs Expenses during a hospital confinement or day surgery on an outpatient basis, We will pay the Expenses incurred up to maximum benefit of \$1,500 per Sickness. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses.

Surgeon Expense Benefit (Inpatient & Outpatient): We will pay 80% up to a maximum of \$1,500 per Sickness for surgery performed by a licensed Doctor (In or Out of the Hospital). Benefits will be paid in accordance with the PHCS (Prevailing Healthcare Charges System) Schedule for Usual, Reasonable & Customary Expenses.

Anesthetist Expense Benefit: If a Covered Person requires an anesthetist during a surgical operation, We will pay up to a maximum of 25% of the Expenses paid under the Surgeon Expense Benefit.

Assistant Surgeon Expense Benefit: If a Covered Person requires the services of an assistant surgeon for a surgical operation, We will pay up to a maximum of 25% of the Expenses paid under the Surgeon Expense Benefit.

In-Hospital Doctor's Fees and Medical Expense Benefit: If a Covered Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Covered Person, We will pay up to \$40.00 per visit, limited to 1 visit per day, up to a maximum of 10 visits per Sickness.

Consultant Expense Benefit (Inpatient or Outpatient): If a Covered Person requires the services of a Consultant or Specialist when deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay up to a \$100.00 per Sickness.

Outpatient Expense Benefit: If a Covered Person requires the use of or services for a hospital outpatient

department, emergency room, or diagnostic x-ray and laboratory tests, We will pay up to a maximum of \$1,500 per Sickness. Tests performed by the Student Health Center will be covered under this benefit.

Outpatient Doctor's Fees Expense Benefit: If a Covered Person requires the services of a Doctor, We will pay, beginning with the second visit, up to a maximum of \$500 per Sickness. A visit or referral by the Student Health Center will count as the first visit.

Outpatient Prescription Drug Expense Benefit: After a co-payment of \$15.00 for generic or \$30.00 for a brand name drug (per prescription), the cost of prescription drugs is payable in full, up to \$1,000 per policy year, limited to a 31 day supply per prescription at a time. Prescriptions must be filled at a Medco Participating Pharmacy.

If you need to have a prescription filled prior to receiving your ID card, pay for the medication in full at the pharmacy and save your receipt. Submit a claim form for reimbursement. Claim forms can be obtained from the Plan Administrator at www.ajfusa.com

Medications not covered by this benefit include, but are not limited to: topical acne treatments (i.e. Retin-A), fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; blood plasma; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a hospital or rest home. This benefit is provided to cover prescription expenses associated with a Sickness occurring during the policy year

Pre-Hospital Medical Emergency Services Expense Benefit: If a Covered Person has a Medical Emergency, Pre-Hospital Medical Emergency Services, which include the use of a licensed ambulance, are covered up to \$400 per Sickness.

Voluntary Abortion Expense Benefit: If as a result of pregnancy having its inception during the term insured, a Covered Person has a voluntary abortion, We will pay up to a maximum of \$350.00 per Sickness. Expenses for the voluntary abortion must be incurred while the Plan is in force.

Home Health Care Expense Benefit: If a Covered Person incurs expenses for home health care services, We will pay, after a \$50.00 deductible, 75% up to a maximum of 40 visits per calendar year.

**SUPPLEMENTAL ACCIDENT AND SICKNESS
MEDICAL EXPENSE BENEFIT**

If a Covered Person incurs Expenses in excess of the Basic Accident and Sickness Medical Expense Benefits of \$1,000 per Injury or \$1,500 per Sickness, We will pay, after a \$200.00 deductible per **Sickness only**, 80% up to an Aggregate Maximum of \$10,000 per Injury or Sickness. The most We will pay for any one Injury or Sickness is \$10,000.

Supplemental Accident and Sickness Medical Expense Benefits are payable for Expenses incurred: (1) within 52 weeks from the date of the Injury; or (2) within 52 weeks from the date of the first medical treatment of the Sickness; or (3) until the payment of the Aggregate Maximum, whichever occurs first.

The following Expenses will be paid under the Supplemental Accident and Sickness Expense Benefit: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) ambulance; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury or Sickness.

ADDITIONAL BENEFITS

Mental, Nervous, or Emotional Disorder Benefit: Benefits will be payable for Active Treatment of mental, nervous, eating disorders, or emotional disorders as follows.

Benefits are payable for inpatient hospital care for 30 days of active treatment per policy year in a hospital defined by Section 1.03(10) of the Mental Hygiene Law and 20 visits of active treatment per policy year for outpatient care in a facility issued an operating certificate by the commissioner of mental health, a facility operated by the office of mental health, a psychiatrist or psychologist, or a professional corporation or university faculty practice corporation.

Benefits are payable the same as any other Sickness for inpatient hospital treatment for adults and children with biologically based mental illness, eating disorders, and children with serious emotional disturbances.

Partial hospitalization days shall be covered with two partial hospitalization days equal to one covered inpatient day.

Definitions:

“Active treatment” means treatment furnished in connection with inpatient confinement for mental, nervous, or emotional disorders or ailments that meet the standards prescribed pursuant to the regulations of the commissioner of mental health. Active treatment for outpatient visits for biologically based mental illness or children with serious emotional disturbances will not require inpatient confinement to be eligible for outpatient treatment.

“Biologically based mental illness” means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Under the law, the following disorders satisfy the definition of biologically based mental illness: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia.

“Children with serious emotional disturbances” means those persons under the age of eighteen years who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

“Eating Disorder” means conditions such as anorexia nervosa, bulimia and binge eating disorder, identified as such in the ICD-9-CM International Classification of Disease or the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, or other medical and mental health diagnostic references generally accepted for standard use by the medical and mental health fields.

“Comprehensive care centers for eating disorders” or “comprehensive care centers” means a provider-sponsored system of care, organized by either corporate affiliation or clinical association for the common purpose of providing a coordinated, individualized plan of care for an individual with an eating disorder that includes all necessary non-institutional, institutional and practitioner services and treatments, from initial patient screening and evaluation, to treatment, follow-up care and support.

Exceptions to Coverage:

Benefits do not apply to:

1. individuals who are incarcerated, confined or committed to a local correctional facility or prison, or a custodial facility for youth operated by the office of children and family services;
2. services solely because such services are ordered by a court; or
3. services determined to be cosmetic on the grounds that changing or improving an individual's appearance is justified by the individual's mental health needs.

Benefits provided will be subject to the same deductibles and coinsurance as any other Sickness. Benefits will be subject to the same network limitations, if any, as applicable to the other benefits provided under the Policy.

Inpatient Chemical Abuse and Chemical Dependence

Expense Benefit: If on account of Chemical Abuse or Chemical Dependence, a Covered Person requires inpatient treatment, We will pay for such treatment as follows:

We will not cover more than seven (7) days of active treatment in any one calendar year. When the Covered Person is confined in a hospital or Chemical Abuse Treatment Facility, We will pay benefits for rehabilitation services not to exceed thirty (30) days of inpatient care for such services in any one calendar year.

As used in this provision, the term "Chemical Abuse Treatment Facility" means a facility: (a) in New York State, which is certified by the Office of Alcoholism and Substance Abuse Services; or (b) in other states, which is accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs.

Outpatient Chemical Abuse and Chemical Dependence

Expense Benefit: If on account of Chemical Abuse or Chemical Dependence, a Covered Person is not hospital confined as an inpatient, We will pay up to 60 visits during any one calendar year, for the diagnosis and treatment of Chemical Abuse and Chemical Dependence. Coverage will be limited to facilities in New York State, which are certified by the Office of Alcoholism and Substance Abuse Services as outpatient clinics or medically supervised ambulatory substance programs. In

other states, coverage is limited to those facilities, which are accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs. Outpatient Services consisting of consultant or treatment sessions will not be payable unless these services are furnished by a Doctor or Psychotherapist who: (a) is licensed by the state or territory where the person practices; and (b) devotes a substantial part of his or her time treating intoxicated persons, substance abusers, alcohol abusers, or alcoholics. Outpatient coverage includes up to 20 outpatient visits during any one calendar year, for dependents, even if the Covered Person in need of treatment has not received, or is not receiving treatment for Chemical Dependence and Chemical Abuse provided that the total number of such visits, when combined with those of the Covered Person in need of treatment, do not exceed 60 outpatient visits in any one calendar year, and provided further that the 60 visits shall be reduced only by the number of visits actually utilized by the dependents.

“Chemical Abuse and Chemical Dependence” means an illness characterized by a physiological or psychological dependency, or both, on a controlled substance and/or alcoholic beverages. It is further characterized by a frequent or intense pattern of pathological use to the extent the user exhibits a loss of self-control over the amount and circumstances of use; develops symptoms of tolerance or physiological and/or psychological withdrawal if the use of the controlled substance or alcoholic beverage is reduced or discontinued; and the user’s health is substantially impaired or endangered or his or her social or economic function is substantially disrupted.

Mammography Examination Expense Benefit: We will pay for Expenses incurred for a Mammographic exam. Benefits will be paid for the following: (a) one Mammogram at any age for an Insured Person who has a prior history of breast cancer or who has a first degree relative with a prior history of breast cancer, upon recommendation of a Doctor; (b) one baseline Mammogram for an Insured Person age thirty-five through thirty-nine; and (c) one Mammogram annually for an Insured Person age forty years or older. We cover charges the same way as any other Sickness.

Cytologic Screening Expense Benefit: Expenses incurred for an annual Cytologic Screening (Pap smear) for cervical cancer for women eighteen and older. We treat charges in the same way as any other Sickness. Cytologic Screening means collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection

with examining and evaluating the Pap smear. Cervical cytology screening also includes an annual pelvic examination.

Chiropractic Care Expense Benefit: We will pay for non-surgical treatment to remove nerve interference and its effects, which is caused by or related to Body Distortion. Body Distortion means structural imbalance, distortion or incomplete or partial dislocation in the human body which: (a) is due to or related to distortion, misalignment or incomplete or partial dislocation of or in the vertebral column; and (b) interferes with the human nerves. We treat charges in the same way as any other Sickness.

Cancer Second Opinion Expense Benefit: We cover Expenses for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. If this Plan requires the use of Network Providers, the Insured Person is entitled to a second medical opinion from a non-participating specialist, at no additional cost beyond that which the Covered Person would have paid for services from a participating specialist, provided the attending Doctor provides a written referral. A second medical opinion provided by a non-participating specialist absent a written referral will be covered subject to the payment of additional coinsurance. We treat charges the same way as any other Sickness.

Reconstructive Breast Surgery Expense Benefit: We cover Expenses for inpatient hospital care for a Covered Person undergoing: (a) a lumpectomy or a lymph node dissection for the treatment of breast cancer; or (b) a mastectomy which is covered under this Plan. Coverage is limited to a time frame determined by the Covered Person's Doctor to be medically appropriate.

We also cover charges for breast reconstruction surgery after a mastectomy including: (a) all stages of reconstruction of the breast on which the mastectomy has been performed; and (b) surgery and reconstruction of the other breast to produce symmetry. Surgery and reconstruction will be provided in a manner determined by the attending Doctor and the Insured Person to be appropriate. We treat charges the same way as any other Sickness.

Diagnostic Screening For Prostatic Cancer Expense Benefit: We cover charges for Diagnostic Screening for

Prostatic Cancer as follows: (a) standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and (b) an annual standard diagnostic examination including, but not limited to, a digital rectal examination prostate-specific antigen test for men: (1) age fifty and over who are asymptomatic; and (2) age forty and over with a family history of prostate cancer or other prostate cancer risk factors. We treat charges the same way as any other Sickness.

Diabetes Treatment Expense Benefit: We cover charges for the following Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Doctor or other licensed health care provider. We treat charges the same way as any other Sickness. Such supplies include: blood glucose monitors, blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading, urine test strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices or oral agents for controlling blood sugar. We also cover charges for expenses incurred for diabetes self-management education.

Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Doctor diagnoses a significant change in the Covered Person's symptoms or conditions which necessitates changes in a patient's self-management or upon determination that re-education or refresher education is necessary. Diabetes self-management education may be provided by a Doctor or other licensed healthcare provider, the Doctor's office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietician, registered dietician. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits.

Enteral Formulas Expense Benefit: We will pay for enteral formulas when prescribed by a Doctor or licensed health care provider. The prescribing Doctor or health care provider must issue a written order stating that the enteral formula is Medically Necessary and has been proven as a disease-specific treatment for those individuals who are or will become malnourished or suffer from disorders, which if left untreated will cause chronic physical disability, mental retardation or death.

We cover enteral formulas and food products required for persons with inherited diseases of amino acid and organic acid metabolism Crohn's Disease, gastroesophageal reflux with failure to thrive, disorders of the gastrointestinal motility such as chronic intestinal pseudo-obstruction and multiple, severe food allergies which if left untreated will cause malnourishment, chronic physical disability, mental retardation or death. We also cover modified solid food products that are low protein or which contain Medically Necessary modified protein in an amount not to exceed \$2,500 per calendar year or for any continuous period of twelve months. We treat charges the same as any other Sickness.

Maternity Expense Benefit: We will pay benefits for maternity care, including hospital, surgical and medical care. We treat charges in the same way as any other Sickness.

We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a healthcare facility. Covered services may be provided by a certified-nurse midwife, under qualified medical direction, affiliated or practicing in conjunction with a licensed facility, unless the attending Doctor, in consultation with the mother, makes a decision for an earlier discharge from the Hospital. If so, We will cover charges for one home health care visit. The visit must be requested within 48 hours of the delivery (96 hours in the case of a cesarean section) and the services must be delivered within 24 hours: (a) after discharge; or b) of the time of the mother's request, whichever is later. Charges for the home health care visit are not subject to any deductible, coinsurance or co-payments. Covered Charges include at least two payments, at reasonable intervals, for prenatal care and one payment for delivery and postnatal care provided. We also cover charges for parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. Newborn infant care is covered when the infant is confined in the hospital and has received continuous hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures, except circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or

she is affiliated with or practicing in conjunction with a licensed facility.

End of Life Care Expense Benefit: Benefits will be payable if diagnosed with Advanced Cancer, covered services include services provided by a facility or program specializing in the treatment of terminally ill patients if the Covered Person's attending Doctor, in consultation with the medical director of the facility or program determines that the Covered Person's care would appropriately be provided by such a facility or program..

"Advanced Cancer" means a diagnosis of cancer by the Insured Person's attending health care practitioner certifying that there is no hope of reversal of primary disease and that the person has fewer than sixty days to live. We treat charges the same way as any other Sickness.

Pre-Hospital Medical Emergency Services Expense Benefit: We will pay benefits for services incurred in excess of the deductible shown in the Plan of Insurance. Services include Pre-Hospital Medical Emergency Services provided by a licensed ambulance service.

As used in this provision, Pre-Hospital Medical Emergency Services means the prompt evaluation and treatment of a Medical Emergency condition, and/or non-airborne transportation of an Insured Person to a Hospital. Reimbursement for non-airborne transportation will be based on whether a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (1) placing the health of the person affected with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy; (2) serious impairment to such person's bodily functions; (3) serious dysfunction of any bodily organ or part of such person; or (4) serious disfigurement of such person.

Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, scene of accident or Medical Emergency to a Hospital or between Hospitals.

Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of a life

threatening Injury or Sickness. Air ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

Bone Mineral Density Measurements and Tests Expense

Benefit: We will pay Expenses , which are subject to annual deductibles and coinsurances, individuals obtaining these services must meet the following criteria: (a) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (b) symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; (c) are on a prescribed drug regimen posing a significant risk of osteoporosis; (d) lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (e) age, gender and/or other physiological characteristics which pose a significant risk for osteoporosis. Coverage includes the detection of osteoporosis, outpatient prescription drugs and devices that have been approved by the federal Food and Drug Administration or generic equivalents as approved substitutes, and dual-energy X-ray absorptiometry.

Contraceptive Services Expense Benefit: We will pay for Contraceptive Drugs and Devices, as well as the generic equivalents as substitutes. Such Drugs and Devices must be federally approved by the Food and Drug Administration and prescribed legally by an authorized health care provider. Covered services are subject to applicable co-payments under the Prescription Drug Benefit Plan.

Autism Spectrum Disorder Benefit: Benefits will be payable for an Insured Person's Covered Charges on the same basis as any other Sickness for treatment of Autism Spectrum Disorder. "Autism Spectrum Disorder" means a neurobiological condition that includes autism, Asperger syndrome, Rett's syndrome, or pervasive developmental disorder.

Early Intervention Services Benefit: Benefits will be payable for Early Intervention Services for children up to three years of age who are disabled or at risk of disability on the same basis as any other Sickness. Benefits paid for Early Intervention will not decrease benefits payable for other conditions.

FAIRMONT SPECIALTY TRAVEL ASSIST PLAN

Fairmont Specialty has provided a Travel Assistance Service through Europ Assistance USA (EA) which provides 24 hour services that can help you access emergency assistance when you are traveling 100 or more miles away from home. Europe Assistance USA is there

when a crisis strikes to help you obtain the care and attention you need.

Over 850,000 multilingual service professionals stand ready to assist you in 200 countries and territories worldwide.

These services are only eligible for payment or reimbursement if EA is contacted at the time of service and has arranged and/or pre-approved the service. Contact number: (877) 279-1913

Services provided:

Evacuation/Repatriation, Return of Dependent Children, Return of Mortal Remains, Return of Traveling Companion. Payable up to a maximum benefit of \$50,000.

ADDITIONAL BENEFITS

Benefits will be paid for: contraceptives, outpatient hormone replacement therapy, mammograms, prenatal care, childbirth & post partum care; diagnosis and treatment of speech, hearing and language disorders; human leukocyte antigen testing or histocompatibility locus antigen testing to establish bone marrow transplant donor suitability; early intervention services; and special medical formulas for the treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia; treatment of infertility; reconstructive breast surgery (after a covered mastectomy); and cancer clinical trials. Please see the Master Policy on files at the school, for a complete description.

EXCLUSIONS

The Plan does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth.
2. Services normally provided without charge by the Hamilton College's Student Health Center, infirmary or Hospital or employees of Hamilton College.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
4. Injury due to participation in a riot.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.

6. Injury or Sickness resulting from declared or undeclared war; or any act thereof, or services in the Armed Forces of any country.
7. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Elective treatment or elective surgery, except as specifically provided.
10. Cosmetic surgery, except as the result of an Injury occurring while this Plan is in force as to the Insured Person. This exclusion shall 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.
11. Expenses covered by any other medical, health or accident insurance provided on a group basis. This exclusion shall only apply if the entire premium for the coverage under this Plan is paid by the College, with no contributions from the Insured Student.
12. Treatment of mental or nervous disorders except as specifically provided.
13. Treatment of alcohol and substance abuse except as specifically provided.
14. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.
15. Routine physical, preventive medicines, serums, vaccines, unless prescribed by a Doctor for treatment of an Injury or Sickness covered under this Plan.
16. Pre-existing conditions as defined in this Plan.
17. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature.
18. For expenses as a result of participation in a felony.
19. Suicide, attempted suicide, or intentionally self-inflicted injury.
20. While the Insured Person is intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.
21. Illness, accident or treatment or medical condition arising out of interscholastic or intercollegiate sports.

22. Pre-existing Conditions, subject to the provision entitled "Continuous Coverage" shown below.

CONTINUOUS COVERAGE

If the Covered Person is continuously covered under the policy offered through the Covered Person's Policyholder the Covered Person will be covered for an Injury sustained or Sickness manifested while so covered. If the Covered Person enrolls for coverage offered through the Policyholder within 63 days of the end of any preceding company's policy the Covered Person will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs.

COORDINATION OF BENEFITS PROVISION

New York State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with Hamilton College.

REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

APPEAL PROCEDURE

Internal Appeal

If Your claim is denied, You will be notified of the reason with a description of any additional information necessary to appeal the denial.

If You or Your provider would like additional information or have a complaint concerning the denial, please contact Our Claim Administrator, Klais & Company, Inc., at 1-800-331-1096. KLAIS will address concerns and attempt to resolve the complaint. If KLAIS is unable to resolve the complaint over the phone, you may file a written internal appeal by writing to KLAIS. Please include Your name, social security number, home address, policy number and

any other information or documentation to support the appeal.

The appeal must be submitted within 60 days of the event that resulted in the complaint. KLAIS will acknowledge Your appeal within 10 working days of receipt or within 72 hours if the appeal involves a life-threatening situation. A decision will be sent to You within 30 days. If there are extraordinary circumstances involved, KLAIS may take up to an additional 60 days before rendering a decision.

External Appeal

Under New York State Law, You have the right to an External Appeal ONLY when a claim is denied because services are not Medically Necessary or the services are Experimental or Investigational AND You or Your provider must have received a Final Adverse Determination on Your internal appeal OR You and the Plan must have agreed to waive the internal appeal process. A “Final Adverse Determination” means written notification that an otherwise covered health care service has been denied through the internal appeal process.

If a service was denied as Experimental or Investigational, You must have a life-threatening or disabling condition or disease to be eligible for an external appeal AND Your attending physician must submit an Attending Physician Attestation form. An external appeal may only be requested if the denied service is a covered benefit under the plan. Instructions, forms and the fee required for an External Appeal may be found at <http://www.ins.state.ny.us/extappqa.htm>.

You must file an External Appeal within 45 days of receipt of a notice of Final Adverse Determination or within 45 days of receiving notice that the internal appeal procedure has been waived. An expedited external appeal will be decided within 3 days of receiving a request from the state. A standard external appeal will be decided within 30 days of receiving the request from the state.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Student should:

1. If at the College, please call the Student Health Center to schedule an appointment so that proper treatment can be prescribed or approved. For health center office hours, please see website at: www.hamilton.edu/college/health_center
2. If away from the College or the Student Health Center is closed, consult a doctor and follow his/her advice.

3. Notify the Claim Administrator, KLAIS within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
4. Complete the Claim Form in full and sign it.
5. The completed Claim Form should be mailed within 90 days from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to KLAIS, at the address shown below.
6. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to KLAIS. No additional Claim Forms are needed as long as the Covered Person's/Student's name and identification number are included on the bill.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to KLAIS.

**REMEMBER THAT EACH INJURY OR SICKNESS
IS A SEPARATE CONDITION AND
REQUIRES A SEPARATE CLAIM FORM.**

Conformity with State Statutes means any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the policy is written is hereby amended to conform to the minimum requirement of such statutes.

PRIVACY STATEMENT

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insured's or former insured's to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling toll-free at 800-331-1096.

The Plan is Underwritten By:

United States Fire Insurance Company
Policy Number: UCL2671S

For a List of Beech Street Providers

1-800-432-1776

visit the website: www.beechstreet.com

For a list of MultiPlan Providers

1.800.672.2140

visit the website: www.multiplan.com

Any questions or concerns, not addressed in the brochure, can be directed to Irene Cornish, Auxiliary Services, Hamilton College, at 1-315-859-4999 or Francine Vaughan, Hamilton College Student Health Center, at 1-315-859-4111.