Student Health Plan

Designed for members of:

Please keep this outline of coverage for future reference.

Policy No.: UCL3376S / Form No.: CPA10
College Parents of America is pleased to offer a Student Health Insurance Program to its members. This is a summary description of the Program. The exact provisions governing this insurance are contained in the Master Policy issued to College Parents of America. 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, a Crum & Forster Company. Coverage for each individual will expire on their semi-annual or annual termination date as selected at the time of purchase.

**Policy Term**

The insurance under the College Parents of America Program is effective 12:01 a.m. on January 1, 2010 and terminates at 12:01 a.m. on December 31, 2010.

An eligible member’s coverage becomes effective the date the member enrolls on line or the date the application and check for the full premium are received by the Company or Program Manager whichever is later. Coverage for each individual will expire on their semi-annual or annual termination date as selected at the time of purchase.

**Eligibility & Enrollment**

All active members of College Parents of America, who are domestic students, who are in good standing, and are taking a minimum of 9 hours of classes (6 hours for Community College) or more, and have actively attended school for 30 days are eligible to enroll in the Student Accident & Sickness Program. In order for your insurance application to be accepted, you must be enrolled in school within 30 days of the effective date of your coverage.

**Students may enroll online at:** [www.gradguard.com/health](http://www.gradguard.com/health)

Questions about Eligibility, Enrollment, Coverage or Premium should be directed to the Program Manager, The Allen J. Flood Companies, at the following toll-free number: **1.866.272.8002**.

**Student Only Rates**

<table>
<thead>
<tr>
<th>Deductible Options</th>
<th>Semi-annual</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250.00</td>
<td>$924.00</td>
<td>$1,848.00</td>
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<tr>
<td>$500.00</td>
<td>$882.00</td>
<td>$1,764.00</td>
</tr>
<tr>
<td>$1,000.00</td>
<td>$828.00</td>
<td>$1,656.00</td>
</tr>
<tr>
<td>$2,500.00</td>
<td>$732.00</td>
<td>$1,464.00</td>
</tr>
</tbody>
</table>

All rates are per covered person, per 6 month or per 12 month period.
**Dependent Coverage**

Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents. The term “Dependent” means: (a) the Insured Student’s spouse residing with the Insured Student; or (b) the Insured Student’s unmarried children under the age of nineteen years; or (c) a child born to an Insured Student while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such newborn children will consist of coverage for sickness and injury, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child, for dependent benefits, for the first 31 days from the moment of birth. To continue the child’s dependent benefits past the first 31 days, the Insured Student must notify the Plan Administrator in writing within 31 days of the child’s birth.

The term children includes an Insured Student’s biological children; step-children; adopted children beginning with any waiting period pending finalization of the child’s adoption and who depend on the Insured Student for their full support. A child’s coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

### Spouse Only Rates

<table>
<thead>
<tr>
<th>Deductible Options</th>
<th>Semi-annual</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250.00</td>
<td>$2,034.00</td>
<td>$4,068.00</td>
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<tr>
<td>$500.00</td>
<td>$1,938.00</td>
<td>$3,876.00</td>
</tr>
<tr>
<td>$1,000.00</td>
<td>$1,824.00</td>
<td>$3,648.00</td>
</tr>
<tr>
<td>$2,500.00</td>
<td>$1,608.00</td>
<td>$3,216.00</td>
</tr>
</tbody>
</table>

All rates are per covered person, per 6 month or per 12 month period.

### Child Only Rates

<table>
<thead>
<tr>
<th>Deductible Options</th>
<th>Semi-annual</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250.00</td>
<td>$1,386.00</td>
<td>$2,772.00</td>
</tr>
<tr>
<td>$500.00</td>
<td>$1,326.00</td>
<td>$2,652.00</td>
</tr>
<tr>
<td>$1,000.00</td>
<td>$1,242.00</td>
<td>$2,484.00</td>
</tr>
<tr>
<td>$2,500.00</td>
<td>$1,098.00</td>
<td>$2,196.00</td>
</tr>
</tbody>
</table>

All rates are per covered person, per 6 month or per 12 month period.

### Premium Refund Policy

Insured Students entering the Armed Forces of any 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. Requests should be made to the Program Manager, The Allen J. Flood Companies, Inc. by calling: **1.866.727.8002**. Premium received by the Company is fully earned upon receipt. No other requests for a refund of premium can be considered.
**Definitions**

**Accident** means a specific unforeseen event, which happens while the Insured Person is covered under this Plan and which directly, and from no other cause results in an Injury.

**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.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license. **Doctor does not include:** a. You; b. Your spouse, dependent, parent, brother, or sister; or c. A person who ordinarily resides with you.

**Injury** means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

**Covered person** means you. The proper premium payment must be made to be covered under the policy.

**Loss** means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

**Medical Emergency** means sudden onset of 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.

**Medically necessary** means those services or supplies provided or prescribed by a hospital or doctor: a. Essential for the symptoms and diagnosis or treatment of the sickness or injury; b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury; c. In accordance with the standards of good medical practice; d. Not primarily for your convenience or that of your doctor; and e. That are the most appropriate supply or level of service that can safely be provided.

**Sickness** means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**Usual, Reasonable and Customary Expense** 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.

**You, Your or Yours** means the Insured Student.

**We, Us or Our** means United States Fire Insurance Company.
Preferred Provider Network

This policy utilizes the BeechStreet Preferred Provider Network for certain services. Utilizing the BeechStreet Preferred Provider Network for services may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The BeechStreet 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 BeechStreet Network Provider.

For information about the Preferred Provider Network, including a network provider list, please visit: www.beechstreet.com or call: 1.800.432.1776.

<table>
<thead>
<tr>
<th>Benefit Maximum</th>
<th>$500,000 per condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Options</td>
<td>$250 / $500 / $1,000 / $2,500 Deductibles are “per Policy Year” deductibles.</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>See benefits below</td>
</tr>
<tr>
<td>Prescription Expense Benefit</td>
<td>50% of URC charges up to $750 Maximum per Policy year</td>
</tr>
<tr>
<td>Office Visit Expense Benefit</td>
<td>80% of URC, $75 Maximum per Day</td>
</tr>
<tr>
<td>Hospital Room &amp; Board Expense Benefit</td>
<td>80% of Semi-Private Room Rate</td>
</tr>
<tr>
<td>Intensive Care Expense Benefit</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Inpatient Surgery Expense Benefit</td>
<td>80% of URC</td>
</tr>
<tr>
<td>Outpatient Surgery Expense Benefit</td>
<td>80% of URC</td>
</tr>
<tr>
<td>Lab &amp; X-Ray Expense Benefit</td>
<td>80% of URC up to $1,000 Maximum per Policy Year</td>
</tr>
<tr>
<td>Substance Abuse &amp; Mental / Nervous Disorder Expense Benefit</td>
<td>75% of URC for the 1st 40 days of treatment, then 60% of URC thereafter, up to $80,000 maximum per condition</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Covered as any other sickness</td>
</tr>
<tr>
<td>Dental Care Expense Benefit</td>
<td>80% of URC; Covers injury to natural teeth only</td>
</tr>
<tr>
<td>Emergency Room Benefit</td>
<td>80% of URC; Subject to deductible</td>
</tr>
</tbody>
</table>

For a list of additional mandated benefits in the state where your school is located, please contact Klais & Company at: 1.800.331.1096.
Travel Assistance Services

The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour, emergency assistance services during the term of coverage under the student accident and sickness plan. The assistance services are provided by On Call International (OCI).

Emergency Medical Transportation Services are provided up to a combined maximum limit of $50,000 for covered services. Key services include: Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, and Family of Friend Transportation Arrangements. All transportation related services; coverage and payments must be arranged and pre-approved by OCI.

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year. For more information, or a detailed list of services please call:

In the U.S., toll free: 1-866-509-7715
Worldwide, collect: 1-603-328-1728

Exclusions

No benefits will be paid for loss or expense caused by or resulting from:

1. Injury of the primary insured covered under any student accident insurance policy underwritten by us.
2. Any Sickness or Injury, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, unless continuous coverage is applied.
3. Services and supplies furnished normally without charge by the participating institution’s infirmary, its employees, or doctors who work for the participating institution.
4. Services covered or provided by the student health fee.
5. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
6. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
7. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
8. Dental treatment, except as specifically provided for in the Schedule.
9. War or any act of war, declared or undeclared, or while in the armed forces of any country.
10. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
11. Intentionally self inflicted injury, suicide or any attempt thereat.
12. Injury of any covered person sustained while: a. Participating in any school, professional or organized sports contest or competition, unless specifically list in the Schedule; b. Traveling to or from such sport, contest or competition as a participant; or c. During participation in any practice or conditioning program for such sport, contest or competition.
13. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.

14. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless: a. The services are rendered on an medical emergency basis; and b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.

15. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person’s doctor.

16. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.

17. Any loss covered by state or federal worker’s compensation law, employers liability law, occupational disease law, or similar laws or act.

18. Physiotherapy, except as specifically provided for in the Schedule.


21. Assistant surgeon services, except as specifically provided for in the Schedule.

22. Expense incurred within your home country or country of regular domicile.

23. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

24. That part of medical expense payable by any automobile insurance policy without regard to fault.

25. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and: (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (ii) The covered person is within a 25 mile radius of the site of the release either: At the time of the release; or Within 24 hours of the start of the release.

26. Travel in or upon: a. A snowmobile; b. Any two- or three-wheeled motor vehicle; or c. Any off road motorized vehicle not requiring licensing as a motor vehicle.

27. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator’s license.

28. Preventive medicines, serums, vaccines.

29. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.

30. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;

31. Rest cures or custodial care.

32. Personal services such as television and telephone or transportation.

33. A hernia of any kind.
Pre-Existing Conditions Limitation

A “Pre-existing Condition” is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the 6 consecutive months prior to the effective date of the Insured Person’s coverage under this Plan.

The Pre-existing Condition Waiting Period is 12 months. Coverage will not be provided for a Pre-existing Condition until the Waiting Period has elapsed. The Pre-existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person’s effective date. If the Insured Person receives treatment for a service for a Pre-existing Condition: (a) We will not pay benefits for such a condition until: the day after a 12 consecutive month period has passed from the Insured Person’s effective date; (b) with respect to a pregnancy, the day after a 10 consecutive month period has passed from the Insured Person’s effective date; and (c) We will pay only for Loss or Expense incurred after such 12 consecutive month period or ten (10) consecutive months with respect to pregnancy. A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Payment will be in accordance with the provisions of this Plan.

Exceptions
The Pre-existing Conditions exclusion does not apply to any of the following: (a) genetic information in the absence of a diagnosis of a condition related to such information; (b) a covered newborn dependent child who, as of the last day of the 31-day period beginning with the date of birth, is covered under Creditable Coverage; or (c) a covered adopted dependent child under the age of 18, who, as of the last day of the 31-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage.

Excess Insurance
Your benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the covered expenses up to the limits of the policy. If there is other valid and collectible benefits available from any other source. We will pay any excess amount unpaid from Your primary insurance.

Continuous Coverage
If a Covered Person is continuously covered under the policy offered through the Policyholder or any other group plan, he will be covered for an Injury sustained or sickness first manifested while so covered. If You enroll for coverage offered through Your Policyholder within 63 days of the end of any preceding company’s policy, You 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.

Extension of Benefits
If a Covered Person is confined to a Hospital, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or until the maximum benefits of the policy, whichever occurs first.
Reimbursement and 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

If we deny a claim for benefits, we will give you a written explanation. If you feel we are wrong, you have the right to appeal our decision. You must do this in writing.

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.

Claim Procedures

In the event of an Injury or Sickness:

1. An Insured Member should report at once for treatment or advice.
3. Mail the following items to the Claims Administrator at the address below:
   - Completed claim form including Insured’s name, address and the name of the Club under which the student is insured.
   - All itemized medical and hospital bills.
4. A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be considered.

SEND COMPLETED CLAIM TO:
Klais & Company, Inc.
1867 West Market Street,
Akron, OH 44313
1 800-331-1096 Website: http://www.klais.com

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.