



2022-2023 Student Injury and Sickness Insurance Plan

Designed Especially for the Domestic Students attending

THE HILL SCHOOL

Underwritten by:
United State Fire Insurance Company

Policy # US1393627

Table of Contents

Privacy Policy3

Eligibility3

Effective and Termination Dates3

Extension of Benefits after Termination3

Schedule of Medical Expense Benefits3

Out-Patient Prescription Drug Expense Benefit.....5

Description of Benefits5

Definitions10

Exclusions12

Assistance Services.....14

Claim Procedures for Accident and Sickness Benefits14

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 (800) 730-2417.

Eligibility

All Domestic students attending a private secondary school for this coverage and who are registered for credit courses are eligible to enroll in this insurance Plan. Students must actively attend classes for at least the first 31 days and/or actively attend a school sponsored camp or program after the date for which coverage is purchased. 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 the Eligibility requirements have not been met, its only obligation is refund of premium.

Effective and Termination Dates

Coverage becomes effective on the first day of the period for which premium is paid or at 12:01 am on August 15, 2022, whichever is later. Coverage terminates at 11:59 pm on August 14, 2023, the date the Covered Person ceases to be eligible, or at the end of the period through which premium is paid, whichever is earlier.

The coverage is provided by a Non-Renewable Term Policy.

Extension of Benefits after Termination

If the Covered Person is under the care of a Physician and Hospital confined when the coverage terminates, Benefits will continue to be paid for that condition for an additional 90 days, or until the maximum benefit has been paid, whichever occurs first.

Schedule of Medical Expense Benefits

Accident and Sickness Medical Expense Benefits

| | |
|-------------------------|--|
| Maximum Benefit | Unlimited |
| Policy Term Deductible | \$2,000 – Deductible must be satisfied before any benefits are paid, except as noted in the Schedule of Benefits |
| In-Network Coinsurance | 100% of the Preferred Allowance except as noted below |
| Non-Network Coinsurance | 80% of Usual, Reasonable & Customary, (URC) Charges, except as noted below |

The Policy provides benefits for the Covered Medical Expenses incurred by a Covered Person for loss due to a covered Accident or Sickness up to the Maximum Benefit.

If a Covered Person receives care In-Network, any Covered Expenses will be paid at the In-Network Provider level of benefits. If a Network Provider is not available within the Covered Person's Network Area, benefits will be paid at the level of benefits shown as In-Network Provider benefits. If the Covered Person requires Emergency Treatment and cannot reasonably be attended to by an In-Network Provider, the In-Network Provider arrangement will pay for the Emergency Treatment so that the Covered Person is not liable for a greater out-of-pocket expense than if the Covered Person were attended to by an In-Network Provider. In all other situations, reduced, or lower benefits will be provided when a Non-Network provider is used. The In-Network Provider for this plan is UnitedHealthcare Options PPO

Benefits will be paid up to the Maximum Benefit for each service scheduled below. Covered Medical Expenses include:

| Benefit | In-Network Provider Benefit | Non-Network Provider Benefit |
|-------------------------------|--|-------------------------------------|
| Hospital Room & Board Benefit | 100% of the Semi-Private daily room rate Preferred Allowance | 80% of Semi-Private daily room rate |

| Benefit | In-Network Provider Benefit | Non-Network Provider Benefit |
|---|--|---|
| Hospital Miscellaneous Expense Benefit | 100% of Preferred Allowance | 80% of URC |
| Intensive Care Unit/Pediatric Care Benefit | 100% of Preferred Allowance | 80% of URC |
| Surgeon (In or Outpatient) Benefit | 100% of Preferred Allowance | 80% of URC |
| Assistant Surgeon Benefit | 100% of Preferred Allowance up to 30% of Surgeon Allowance | 80% of URC up to 30% of Surgeon Allowance |
| Anesthesia Benefit | 100% of Preferred Allowance | 80% of URC |
| Pre-Admission Testing Benefit-payable within 7 days prior to admission. | 100% of Preferred Allowance | 80% of URC |

| | | |
|---|-------------------------------|-------------------------------|
| Day Surgery Miscellaneous Benefit | 100% of Preferred Allowance | 80% of URC |
| Physician Visit. | 100% of Preferred Allowance | 80% of URC |
| Physiotherapy (60 visits maximum Per Policy Year) | 100% of Preferred Allowance | 80% of URC |
| Nursing Services (outpatient) | 100% of Preferred Allowance | 80% of URC |
| Emergency Room Benefit | 100% of Preferred Allowance | 100% of URC |
| Diagnostic X-ray and Laboratory Benefit | 100% of Preferred Allowance | 80% of URC |
| Radiation/Chemotherapy Therapy | 100% of Preferred Allowance | 80% of URC |
| Injections, when administered in the Physician's office and charged on the Physician's statement. | 100% of Preferred Allowance | 80% of URC |
| Ambulance Benefit | 100% of Preferred Allowance | 80% of URC |
| Durable Medical Equipment Expense Benefit | 100% of Preferred Allowance | 80% of URC |
| Consultant Physician Benefit | 100% of Preferred Allowance | 80% of URC |
| Emergency Dental Expense Benefit Treatment due to an Injury to natural teeth. | 100% of Preferred Allowance | 100% of URC |
| Alcohol & Drug Abuse Expense Benefit (In-Patient & Outpatient) | 100% of Preferred Allowance | 80% of URC |
| Mental or Nervous Conditions Expense Benefit (In-Patient & Outpatient) | 100% of Preferred Allowance | 80% of URC |
| Maternity and Pre-Natal Care Expense Benefit | Covered as any other Sickness | Covered as any other Sickness |
| | | |

| Benefit | In-Network Provider Benefit | Non-Network Provider Benefit |
|---|---|---|
| Interscholastic Sports Benefit *Any other benefit payable in conjunction with this Benefit is subject to the maximum benefit amount defined herein | 100% of Preferred Allowance | 80% of URC |
| Wellness Medical Expense Benefit | 100% of Preferred Allowance – Plan deductible does not apply | 80% of URC – Plan deductible does not apply |
| Urgent Care Benefit | 100% of Preferred Allowance | 80% of URC |
| Diabetes Treatment Expense Benefit | 100% of Preferred Allowance | 80% of URC |
| Emergency Medical Evacuation/Return of Remains | 100% of actual expense | 100% of actual expense |
| *Autism Spectrum Disorder Benefit | 100% of the Preferred Allowance For a Covered Person under age 21, \$42,220 maximum benefit per year. See the benefit maximum increases in the benefit description. | 100% of URC subject to the following annual maximums: For a Covered Person under age 21, \$42, 220 maximum benefit per year. See the benefit maximum increases in the benefit maximum |

* asterisk indicates a mandated benefit)

| BENEFIT COVERAGE | BENEFIT AMOUNT |
|---|--|
| Outpatient Prescription Drug Expense Benefit | 100% of charges – Plan deductible does not apply |
| Outpatient Prescription Drug Expense Benefit – Participating PBM Pharmacy | \$0 Co-payment per prescription – Plan deductible does not apply Limited to 30 day supply |

“Please note: All applicable state mandates, including any not specifically listed, will be covered per the laws of the Commonwealth of Pennsylvania.”

Out-Patient Prescription Drug Expense Benefit – Participating PBM Pharmacy

Benefits are available for outpatient Prescription Drugs, subject to the benefit amounts shown in the Schedule of Benefits, if any, for a Prescription Drug or medication when prescribed by a Physician on an Outpatient basis when dispensed by a CVS/Caremark pharmacy.

Prescription Medication must be obtained from a CVS/Caremark pharmacy. Present your Medical Identification card to the pharmacist, at the time of purchase. The pharmacy will bill GBG directly for your prescription. See the section titled, “How to File a Claim” for information on Prescription Medication Claims. A list of participating pharmacies can be viewed at: <https://www.gbg.com/#/OurSolutions/ClientServices> [gbg.com]

Out-Patient Prescription Drug Expense Benefit – Non-Participating PBM Pharmacy

We will pay benefits as shown in the Schedule of Benefits for a Prescription Drug or medication when prescribed by a Physician on an Outpatient basis. Present your Medical Identification card to the pharmacist, at the time of purchase. The pharmacy will bill GBG directly for your prescription.

Description of Benefits

Hospital Room & Board Benefit: Hospital Room and Board expenses will include floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.

Hospital Miscellaneous Expense Benefit: Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies; and blood and blood transfusions. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

Intensive Care Unit/Pediatric Care Benefit: This benefit will include expenses for confinement in an Intensive Care Unit/Pediatric Care Unit. This is in lieu of payment for the Hospital Room and Board charges for those days and includes nursing services.

Surgeon (in or outpatient) Benefits: This benefit includes expenses for a Physician for primary performance of a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

Assistant Surgeon Benefit: This benefit includes expenses, if in connection with an operation, the services of an Assistant Surgeon are required.

Anesthesia Benefit: This benefit includes pre-operative screening and administration of anesthesia during a surgical procedure whether on an Inpatient or Outpatient basis.

Pre-Admission Testing Benefit: We will pay benefits for charges for Pre-admission testing (Inpatient confinement must occur within 7 days of the testing).

Day Surgery Miscellaneous Benefit: Services and supplies such as the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies, on an Outpatient basis.

Physician Visit Benefit: Inpatient or Outpatient.

Nursing Services – Outpatient Charges for nursing services by a Nurse.

Physiotherapy Expense Benefit: Means charges for physiotherapy if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist. Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, acupuncture, massage or any form of Physical Therapy.

Note: Medical review after 45 visits for Out-patient.

Emergency Room Benefit: Means a trauma center or special area of a Hospital that is equipped and staffed to give people Emergency Treatment on an Outpatient basis. An Emergency Room is not a clinic or Physician's office. Services including physician charges and related x-ray/laboratory interpretations will be paid under this benefit.

Diagnostic X-Ray Benefit: Diagnostic x-ray examinations and services.

Laboratory Benefit: Laboratory testing and services.

Radiation/Chemotherapy Therapy Expense Benefit: For services and drugs used in antineoplastic therapy and the cost of its administration. Coverage is provided for any drug approved by the Federal Food and Drug Administration (FDA), regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug was approved by the FDA, so long as: 1) the drug is ordered by a Physician for the treatment of a specific type of neoplasm; 2) the drug is approved by the FDA for use in antineoplastic therapy; 3) the drug is used as part of an antineoplastic drug regimen; 4) current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment; and 5) the Physician has obtained informed consent from the patient or parent, guardian, or Power of Attorney for the treatment regimen that includes FDA-approved drugs for off-label indications

Injections Benefit: Injections, when administered in the Physician's office and charged on the Physician's statement. This does not include immunizations for preventive care or surgical injections.

Outpatient Prescription Drug Benefit: **Prescription Drug** means a drug which: 1) Under Federal law may only be dispensed by written prescription; and 2) Is utilized for the specific purpose approved for general use by the Food and Drug Administration. The Prescription Drug must be dispensed for the Outpatient use by the Covered Person: 1) On or after the Covered Person's Effective Date; and 2) By a licensed pharmacy provider.

Ambulance Benefit: Use of a community or Hospital ambulance for Emergency Treatment within the metropolitan area at the time of service. Ambulance service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Emergency Treatment 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.

Durable Medical Equipment Expense Benefit: Includes the purchase or rental of Durable Medical Equipment. In no event shall we pay rental charges in excess of the purchase price. Any rental charges paid will be applied toward the cost of the purchase price if the equipment is purchased at a later date. We do not pay for the replacement of Durable Medical Equipment.

Durable Medical Equipment which includes oxygen and equipment, braces and appliances and medical equipment that: 1) is prescribed by the Physician who documents the necessity for the item including the expected duration of its use; 2) can withstand long-term repeated use without replacement; 3) is not useful in the absence of an Injury or Sickness; and 4) can be used in the home without medical supervision.

Consultant Physician Benefit: Must be deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis.

Emergency Dental Expense Benefit: Emergency dental treatment due to sustaining an Injury to natural teeth. Only expenses for emergency dental treatment to natural teeth will be reimbursed.

Alcohol and Drug Abuse Expense Benefit: We will pay for such treatment as follows:

Inpatient Hospital Confinement: Means (i) a Hospital; or (ii) a Detoxification Facility for the treatment of Alcohol Abuse or Drug Abuse. The Confinement must be in a licensed or certified facility, including Hospitals.

Outpatient Alcohol and Drug Services: For the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency. Outpatient Treatment and Physician services include charges for services rendered in a Physician's office or by an Outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Physician or a licensed psychologist who certifies that a Covered Person needs to continue such treatment.

Alcohol Abuse means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Drug Abuse means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Detoxification Facility means a facility that provides direct or indirect services to an acutely Intoxicated individual to fulfill the physical, social and emotional needs of the individual by: a) monitoring the amount of alcohol and other toxic agents in the body of the individual; b) managing withdrawal symptoms; and c) motivating the individual to participate in the appropriate addictions treatment programs for Alcohol and Drug Abuse.

Mental or Nervous Conditions Expense Benefit: For treatment of a Mental or Nervous Condition as follows:

Benefits for Inpatient Hospital Confinement:

The confinement must be in a licensed or certified facility, including Hospitals.

Outpatient treatment of Mental and Nervous Conditions: The Mental or Nervous Condition must, in the professional judgment of healthcare providers, be treatable, and the treatment must be Medically Necessary. Outpatient treatment and Physician services include charges made by an Outpatient treatment department of a Hospital, or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other provider as required by law. One visit per day.

Biologically Based Mental Sickness 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 Sickness. We will pay the covered percentage of the Covered Expenses incurred for treatment of biologically based mental Sickness, including: a) Schizophrenia; b) Schizoaffective disorder; c) bipolar affective disorder d) major depressive disorder; e) specific obsessive-compulsive disorder; f) delusional disorders; g) obsessive compulsive disorders; h) binge eating, anorexia and bulimia; and i) panic disorder.

Maternity and Pre-Natal Care Expense Benefit: Covered Expenses incurred before, during, and after delivery of a Newborn Infant, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Covered Person and her Newborn Infant in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Covered Person's attending Physician determines further Inpatient postpartum care is not necessary for the Covered Person or her Newborn Infant provided the following are met:

1) In the opinion of the Covered Person's attending Physician, the Newborn Infant meets the criteria for medical stability in the latest edition of "Guidelines for Perinatal Care" prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of: a) The antepartum, intrapartum, postpartum course of the mother and Newborn Infant; b) The gestational stage, birth weight, and clinical condition of the Newborn Infant; c) The demonstrated ability of the mother to care for the Newborn Infant after discharge; and d) The availability of post discharge follow up to verify the condition of the Newborn Infant after discharge; and

2. One (1) at-home post-delivery care visit is provided to the Covered Person at her residence by a Physician or Nurse performed no later than forty-eight (48) hours following discharge of the Covered Person and her Newborn Infant from the Hospital. Coverage for this visit includes, but is not limited to: a) Parent education; b) Assistance in training in breast or bottle feeding; and c) Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Covered Person or Newborn Infant, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Covered Person's discretion, this visit may occur at the Physician's office.)

Interscholastic Sports Activity Benefit: Means 1. Taking part in a regularly scheduled athletic game or competition; or practice session for an athletic team or club; 2. Traveling to or from such a game, competition or practice session provided he is traveling with the athletic team or club; and under the direct and immediate supervision of the athletic team or club; or an adult authorized by the athletic team or club; or 3. Traveling directly, without interruption between his home and a scheduled game, competition or practice session; In a vehicle which is designated or furnished by the athletic team or club; operated by a properly licensed, adult driver; or under the direct supervision of the athletic team or club; or in a vehicle other than that described in 3. when operated by a properly licensed driver; and travel time does not exceed 12 hour(s) each way. Travel time includes the time to or from home, a scheduled game, competition or practice session; before required attendance time; after the Covered Person is dismissed; and after the Covered Person completes extra duties assigned by the school.

Wellness Medical Expense Benefit: Coverage is limited to the following expenses incurred subject to Exclusions. This benefit is not subject to Deductible or Coinsurance. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage. Covered wellness expenses include: 1. Routine physical examinations: per Plan term which includes, routine physical examination, laboratory tests, x-rays and blood pressure screening 2. Preventive medical attention includes, annual screening mammogram; sports exams, an annual cervical screening for women; a gynecological exam for women; Immunizations and vaccines; contraceptive Devices; Contraceptive Drugs.

Urgent Care Benefit: Means a walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional Emergency Room. Urgent care centers primarily treat Injuries or Sicknesses requiring immediate care, but not serious enough to require an Emergency Room visit.

Diabetes Treatment Expense Benefit: Means Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Physician. 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 Physician 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 reeducation or refresher education is necessary. Diabetes self-management education may be provided by a Physician or the Physician's office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietitian, or registered dietitian. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits.

Emergency Medical Evacuation: If the local attending legally qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment. If the Covered Person is traveling alone and will be hospitalized for more than 4 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, economy transportation, for a single visit to and from the Covered Person's bedside.

Return of Remains: In the event of the Covered Person's death, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of their remains to their primary place of residence in the United States of America or to the place of burial.

Autism Spectrum Disorder Benefit: Benefits are payable for the diagnostic assessment and treatment of Autism Spectrum Disorder for a Covered Person under 21 years of age. Coverage will be provided to the maximum benefit amount per year shown in the Schedule of Benefits. **Note;** the Insurance Commissioner shall, on or before April 1 of each calendar year, publish in the Pennsylvania Bulletin an adjustment to the maximum benefit equal to the change in the United States Department of Labor Consumer Price Index for All Urban Consumers (CPI-U) in the preceding year, and the published adjusted maximum benefit shall be applicable to the following calendar years to health insurance policies issued or renewed in those calendar years.

There is no limit on the number of visits to an autism service provider for treatment of autism spectrum disorder. Benefits payable are subject to the Copayment, Deductible and Coinsurance an yearly maximum benefit amounts shown in the Schedule of Benefits.

Treatment of autism spectrum disorders" shall be identified in a treatment plan and shall include any of the following medically necessary pharmacy care, psychiatric care, psychological care, rehabilitative care and therapeutic care that is:

- (i) Prescribed, ordered or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker or certified registered nurse practitioner.
- (ii) Provided by an autism service provider.
- (iii) Provided by a person, entity or group that works under the direction of an autism service provider.

Definitions

Applied behavioral analysis means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior

Autism service provider means any of the following:

- (i) A person, entity or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is licensed or certified in this Commonwealth.
- (ii) Any person, entity or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is enrolled in the Commonwealth's medical assistance program on or before the effective date of this section.

Autism spectrum disorders means any of the pervasive developmental disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor, including autistic disorder, Asperger's disorder and pervasive developmental disorder not otherwise specified.

Behavior specialist means an individual who designs, implements or evaluates a behavior modification intervention component of a treatment plan, including those based on applied behavioral analysis, to produce socially significant improvements in human behavior or to prevent loss of attained skill or function, through skill acquisition and the reduction of problematic behavior.

Diagnostic assessment of autism spectrum disorders means medically necessary assessments, evaluations or tests performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner to diagnose whether an individual has an autism spectrum disorder.

Pharmacy care means medications prescribed by a licensed physician, licensed physician assistant or certified registered nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed physician, licensed physician assistant or certified registered nurse practitioner to determine the need or effectiveness of such medications.

Psychiatric care means direct or consultative services provided by a physician who specializes in psychiatry.

Psychological care means direct or consultative services provided by a psychologist.

Rehabilitative care means professional services and treatment programs, including applied behavioral analysis, provided

by an autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.

Therapeutic care means services provided by speech language pathologists, occupational therapists or physical therapists. **Treatment plan** means a plan for the treatment of autism spectrum disorders developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Definitions

For the purposes of the Policy the capitalized terms used are defined as follows. This is a summary of definitions. For the complete list, please see the Policy on file with your school.

Accident means an unforeseeable event which causes Injury to one or more Covered Persons

Alcohol Abuse means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Coinurance means the percentage of Covered Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

Company means United States Fire Insurance Company. Also hereinafter referred to as We, Us and Our.

Covered Expense means charges:

- a) Not in excess of Usual, Reasonable and Customary charge; or Preferred Allowance
- 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 Expense must be incurred by the Covered Person while the Policy is in force.

Covered Person means a person eligible for coverage as identified in the Schedule of Benefits for whom proper premium payment has been made, and who is therefore insured under the Policy.

Drug Abuse means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Emergency/Emergency Treatment means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay-person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a Pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

Experimental/Investigational means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is

otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or

- **Reliable Evidence** show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Hospital means an institution licensed, accredited or certified by the State that:

- 1) Operates as a Hospital pursuant to law for the care, treatment and providing Inpatient services for sick or injured persons;
- 2) Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- 3) Provides 24-hour nursing service by a Nurse on duty or call;
- 4) Has a staff of one (1) or more licensed Physicians available at all times;
- 5) Provides organized facilities for diagnosis, treatment and surgery, either
 - a. on its premises; or
 - b. in facilities available to it, on a pre-arranged basis;
- 6) Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
- 7) Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one (1) of the following:

- 1) the Joint Commission of Accreditation of Hospitals; or
- 2) the American Osteopathic Association; or
- 3) the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Covered Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

Immediate Family means a Covered Person's parent (includes Step-parent), brother, sister, grandparents. A Member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

In-Network Provider means a Physician, Hospital and other healthcare providers who are a member of the designated PPO network contracted with Us to provide medical services to the Covered Person.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an Accident. "The Accident would occur after the effective date of a Covered Person's coverage under the Certificate and while the Certificate is in force. All injuries to the same Covered Person sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Intensive Care Unit/Pediatric Care Unit means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Inpatient means a Covered Person who incurs medical expenses for at least one day's room and board from a Hospital; or more than twenty-three (23) hours in an Observation Unit.

Maximum Benefit means the largest total amount of Covered Expenses that the Company will pay for the Covered Person as shown in the Schedule of Benefits

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

- 1) Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
- 2) Prescribed or ordered by a Physician or furnished by a Hospital;
- 3) Performed in the least costly setting required by the condition;
- 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an Outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as Outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person. May also be known as a **Mental or Nervous Condition**.

Natural Teeth means the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

Non-Network Provider means a Physician, Hospital and other healthcare providers who are not a member of the designated PPO network contracted with Us to provide medical services to the Covered Person.

A Covered Person may incur significant out-of-pocket expenses with these providers. Charges in excess of the Insurance payment are the Covered Person's responsibility.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Physician means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, or a Covered Person's Immediate Family.

Physical Therapy means any form of the following administered by a Physician: 1) physical or mechanical therapy; 2) diathermy, 3) ultra-sonic therapy; 4) heat treatment in any form; or 5) manipulation or massage.

Preferred Allowance means the contractually agreed upon amount an In-Network Provider will accept as payment in full for Covered Expenses.

Prescription Drugs means a drug which: (1) under Federal law may only be dispensed by written prescription; and (2) is utilized for the specific purpose approved for general use by the Food and Drug Administration.

Sickness means illness or disease which requires treatment by a Physician while covered by the Policy. The Sickness would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Usual, Reasonable and Customary means:

- 1) With respect to fees or charges, fees for medical services or supplies which are; (a) Usually charged by the provider for the service or supply given; and (b) The average charged for the service or supply in the Geographic Area in which the service or supply is received; or
- 2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

"Geographic Area" means the three (3) digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits

We, Our, Us means United State Fire Insurance Company underwriting this Insurance.

Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. War or any act of war, declared or undeclared;
2. Charges which are in excess of Usual, Reasonable and Customary charges, if applicable;
3. Charges that are not Medically Necessary;
4. Charges provided at no cost to the Covered Person
5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
6. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a) While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b) While being used for any test or experimental purpose; or
 - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d) While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
 - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere.
Except as a fare paying passenger on a regularly scheduled commercial airline.
8. 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, unless specifically covered by the Policy.
9. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
10. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
11. Eyeglasses, contact lenses, hearing aids, or examinations for prescriptions;
12. Rest cures or Custodial Care.
13. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident .

14. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
15. Voluntary, active participation in a riot or insurrection;
16. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.

Non-Insurance Assistance Services

Assistance services are non-insurance services provided by GBG Assist. An outline of the assistance services appears below.

Medical Emergency Services

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc...
- Medical transportation arrangements –Emergency Evacuation/Repatriation/Return of Remains
- Emergency message service for medical situations

Legal Assistance

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

Travel Assistance

- Help with lost passports, tickets and documents

GBG Assist

- U.S.: 1 (800) 730-2417.
- E-mail for emergencies to CAA@gbg.com

Claim Procedures for Accident and Sickness Benefits

In the event of Accident or Sickness, students should:

1. Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to the nearest Physician or Hospital.
2. Secure a Company claim form from the Student Health Services or from the address below, fill out the form completely, attach all medical and hospital bills and submit via one of the options below.
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.

Submit all Claims or Inquiries to:

[GBG](#)

Submit claims by: **Web:**

www.gbg.com

Mail:

GBG
Administrative
Services
PO Box 211008
Eagan, MN 55121
USA

Fax:

+1 949 271
2330

Email:

claimscs@gbg.com

Medical and Prescription Medication Claims

To file your claim, submit it online at www.gbg.com. Log into the Member Area and select Submit Claim, and then follow the instructions to complete the online claim form. If you are unable to submit your claim electronically, you can mail or fax your completed claim form and copies of supporting documentation. After submitting the claim, you will receive a claim reference number and an electronic receipt for the claim will be sent to you by email.

How You Can Reach Us

Customer Service, Pre-Authorization, and Help Locating a Provider (24/7)

Inside USA/Canada Toll Free: +1.800.730.2417

Email: caa@gbg.com

Website: www.gbg.com

Question or Complaints Regarding this Plan:

If you have questions or complaints, please contact the Plan Administrator

Gigi Warren

Clifford Allen Associates, Ltd.

PO Box 23615

Hilton Head Island, SC 29925

(888) 342-2224

Plan is underwritten by: United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. This is a brief summary of coverage and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the Policy on file with the school for complete details of your coverage.

THIS IS LIMITED BENEFIT COVERAGE. THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. READ IT CAREFULLY. THE POLICY IS NOT RENEWABLE.

The insurance described in this document provides limited benefits. Limited benefits are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Please keep this brochure of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of the accident and sickness coverage are set forth in the plan issued to your school. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school. The issued policy contains a complete description of reductions, limitations, exclusions, definitions and termination provisions. If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases. Insurance is underwritten by United States Fire Insurance Company with its principal place of business at 5 Christopher Way, Eatontown, NJ.