

**AN ACCIDENT AND SICKNESS
INSURANCE PLAN
FOR THE STUDENTS OF**



Colby-Sawyer
College

New London, New Hampshire

2010–2011

**LIMITED BENEFITS—
READ YOUR
CERTIFICATE
CAREFULLY**

Underwritten and claims paid by:

Commercial Travelers

Mutual Insurance Company

70 Genesee St. • Utica, NY 13502

as policy # 2010H8A20

800-756-3702

Serviced by:

Richard J. Horan Agency

P.O. Box 460 • Laconia, NH 03247

800-327-7567

NOTE: This document is your Certificate of Insurance and Outline of Coverage for policy form no. CTBH-2004(NH)

CTBC-2004(NH)

2010-H8A20 (Bro.)

TO ALL COLBY-SAWYER COLLEGE STUDENTS
and THEIR PARENTS:

Colby-Sawyer College requires students to have health insurance for financial protection and the assurance of care in times of accident and illness.

The College makes available a health insurance plan for all full-time students. Commercial Travelers Mutual Insurance Company offers a student health benefit which pays 80% of eligible usual and reasonable expenses associated with the treatment of a covered injury or sickness up to a total maximum of \$5,000 for any one covered accident or sickness.

Although this program is broad in scope, certain limitations are imposed and should be noted. This brochure should be kept for future reference. The cost is \$285 per semester for 12 months of coverage (academic year plus the summer months), which is substantially *less* than the deductible under most other insurance plans. This plan has *no deductible*. Experience has indicated that although many families carry, or are covered by good insurance policies, which should be retained, the plans described in this pamphlet provide important additional health insurance coverage.

Full-time students enrolling in Fall 2010 are automatically billed \$285 per semester for the twelve-month term effective September 1, 2010. **Time-sensitive action required.** Students who have comparable coverage under another policy may have the cost deducted by completing the on-line waiver by September 1 by going to www.studentplanscenter.com, click on Colby-Sawyer College, then On-line Waiver. Print out the confirmation for your records as this is the only documentation you will receive that the form was submitted. **Students who do not submit the waiver will be automatically enrolled in coverage for the Accident and Sickness Insurance Plan. Refunds will not be available after the start of classes.**

IMPORTANT: Coverage will be extended for early arrival students that are on campus for school-approved activities prior to the effective date of coverage.

IMPORTANT: Most local health care providers will accept students with *no prepayment* who are covered under this plan.

IMPORTANT: Variation between state insurance laws, plans (HMO, group plans, etc.), and other idiosyncrasies of contemporary insurance coverage can make claims processing both confusing and costly. The Richard J.

Horan Agency will provide services to students which may be difficult for other carriers to provide.

IMPORTANT: This coverage will *supplement the cost of services* provided by Baird Health & Counseling Center. While many Baird Center services are already paid for in the comprehensive fees of Colby-Sawyer College, direct costs for such things as throat cultures and diagnostic testing are charged to the student and eligible expenses for those services would be covered under this plan.

In order to keep the cost of this plan at a minimum, the benefits of this plan supplement those of any personal insurance up to 100% of the actual charges to the limits of the policies. The coordination of benefits between family insurance and this plan provides students with strong insurance protection.

Please retain this brochure—it outlines the essential provisions of the Master Policy on file with the College. Any discrepancy between this brochure and the Master Policy will be governed by the Master Policy. If you should have any questions concerning this program, you may contact the Richard J. Horan Agency, P.O. Box 460, Laconia, NH 03247. Telephone (800) 327-7567.

Colby-Sawyer College admits students of any race, color, gender, and national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the College. Colby-Sawyer College does not discriminate on the basis of race, color, gender, handicap, sexual orientation or national and ethnic origin in the administration of our educational policies, admissions policies, scholarship and loan programs, and athletic and other college-administered programs.

PREMIUM RATES AND DATES OF COVERAGE

Sept. 1, 2010–Sept. 1, 2011 \$570
(\$285 per semester)

**STUDENT ACCIDENT AND
SICKNESS INSURANCE**

Following are the essential provisions of this insurance which are incorporated in a master policy issued to the College, underwritten by the Commercial Travelers Mutual Insurance Company, Utica, New York.

DEFINITIONS

Injury, for which benefits are payable, means accidental bodily Injury sustained by an Insured. It must be

the direct result of an accident, independent of disease or bodily infirmity. The Injury must occur while insurance is in force under the Policy.

Sickness means Sickness or disease that first manifests itself while the Policy is in force as to an Insured. Sickness will also include normal pregnancy as well as complications of pregnancy.

Preexisting Condition means any health condition, Sickness or Injury for which medical advice, diagnosis, care or treatment was recommended by or received from a Physician during the three months immediately preceding the Insured's Effective Date of coverage.

Physician means: a Doctor of Medicine (M.D.); or a Doctor of Osteopathy (D.O.); or a Doctor of Dentistry (D.M.D. or D.D.S.); or a Doctor of Chiropractic (D.C.); or a Doctor of Optometry (O.D.); or a Doctor of Podiatry (P.D.M.). Such a Physician must be licensed to practice in his or her specific classification in the state where the service is rendered. A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician also means any licensed practitioner of the healing arts who the Company is required by law to recognize as a "Physician" to the same extent that their services would be covered if performed by a Physician. This includes an acupuncturist, an advanced registered nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses.

The term Physician does not mean any person who is an Immediate Family Member.

**ACCIDENT AND SICKNESS PLAN—
\$5,000 MAXIMUM BENEFIT
(AVAILABLE TO ALL FULL-TIME
MATRICULATED STUDENTS)**

The Company will pay 80% of the eligible Usual and Reasonable expense incurred within a fifty-two (52) week period from the date of Injury, or the date of first treatment of Sickness, or the date of the first eligible expense during the policy year, whichever is later, to a maximum of \$5,000 per covered Injury or Sickness. Eligible Expense includes Hospital, Surgical, Anesthetist, Assistant Surgeon, Outpatient Miscellaneous,

Physician Services, Ambulance, Accidental Dental and Abortion Expense.

PRESCRIPTION DRUG EXPENSE—For drugs and medicines prescribed by a Physician (to include any licensed healthcare provider who is authorized to prescribe medication) up to \$300 per condition which includes coverage for birth control. A \$10 co-pay per prescription will apply to prescriptions for birth control.

INPATIENT AND OUTPATIENT MENTAL ILLNESS (including Counseling benefits) will be paid the same as any other sickness in accordance with the benefits Mandated by the State of New Hampshire.

MANDATED BENEFITS

The following benefits are mandated in the State of New Hampshire. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Reconstructive Breast Surgery Expense; Mammography; Non-prescription Enteral Formulas Expense; Medical or Hospital Dental Procedures for certain individuals; Bone Marrow Transplants for Breast Cancer Treatment; Scalp Hair Prosthesis; Diabetes Treatment; Outpatient Contraceptives and Contraceptive Services; Off-label Prescription Drug Coverage; Clinical Trial Cost Benefit; Mental Illness and Emotional Disorders including Chemical Dependency and Alcoholism; Human Leukocyte Antigen Testing; and Obesity Coverage. See the policy on file with the school for further details on these benefits.

**ACCIDENTAL DEATH AND
DISMEMBERMENT BENEFIT**

If, as the result of a covered Accidental Injury, an Insured suffers one of the following losses, the Company will pay the benefit shown for that loss. Dismemberment loss must occur within 180 days from the date of covered Injury. Loss of life must occur within 365 days of date of a covered Injury. In the event of more than one loss as the result of any one covered Injury, only one of the listed benefits, the largest, will be payable.

| | |
|--|---------|
| Loss of Life | \$1,000 |
| Loss of Both Hands, Both Feet or Sight of Both Eyes | \$1,000 |
| Loss of One Hand, One Foot, or Sight of One Eye | \$ 500 |

Loss of hand or foot means the complete severance at or above the wrist or ankle joint. Loss of sight must be complete and irrecoverable.

Payment made under this provision will be in addition to any other benefits payable under the Policy.

EXCLUSIONS

The plan provides for coverage in the majority of cases. There are certain conditions under which the insurance will not apply. These should be carefully noted. The Policy does not cover a loss or provide benefits for an Injury or Sickness resulting from:

1. Travel or flight in or descent from any kind of aircraft unless as a farepaying passenger on a regularly scheduled commercial flight.
2. War or any action of war, whether declared or undeclared.
3. Service in the armed forces of any country.
4. Expenses incurred for services or supplies that are experimental or investigative in nature, other than the patient costs associated with a clinical trial, including the treatment, procedure, facility, equipment, drugs, drug usage, devices or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered.
5. Professional services rendered by an immediate Family Member or anyone who lives with the Insured on a regular basis.
6. Services and supplies not medically necessary for the diagnosis recommended by the attending physician.
7. Treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ), unless benefit is shown in the Benefit Schedule.
8. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.

9. Expenses covered under any occupational benefit plan, Workers' Compensation Act or similar law, automobile medical payments or No-fault plans, public assistance programs, governmental plan.
10. Treatment in a government Hospital unless there is a legal obligation to pay for such services in the absence of insurance.
11. Services provided normally without charge by College Health Service.
12. Expenses for preventative medicines, serums or vaccines, except where required for treatment of an Injury.
13. The insured's participation in interscholastic, intercollegiate, or professional sporting events except as stated in the Insurance Information Schedule.

PREEXISTING CONDITION LIMITATION

No benefits are payable for a preexisting condition under the Policy until the earlier of:

1. For a period of three (3) consecutive months, ending while the Insured Person's health coverage is in force and during which the Insured Person incurred no medical care treatment expense in connection with the Preexisting Condition; or
2. A period of nine (9) consecutive months following the effective date of the Insured Person's coverage under the Policy if he or she has received medical care or treatment in connection with the Preexisting Condition.

However, this limitation will not apply if, during the period immediately preceding the effective date of coverage under this plan, the Insured Person was covered under a prior creditable coverage for six (6) consecutive months. Prior creditable coverage of less than six (6) months will be credited toward satisfying the preexisting condition limitation. This waiver of the preexisting condition limitation will be effective provided the Insured Person becomes eligible and applies for coverage under the Policy within sixty-three (63) days of the termination of his or her prior coverage.

COORDINATION OF BENEFITS

The coordination of benefits (COB) provision applies to this plan when You or Your covered Dependent have health care coverage under more than one plan. If the COB provision applies, the order of benefit

determination rules of this provisions will be used to determine whether the benefits of this plan are determined before or after those of another plan.

The benefits of this plan: (1) will not be reduced when, under the order of benefit determination rules, this plan determines its benefits before another plan; but (2) may be reduced when, under the order of benefit determination rules, another plan determines its benefits first. If the COB provision applies, but the other plan assumes an always secondary position or refuses to follow the order of benefit determination rules, the benefits of this plan will not be reduced.

CLAIMS PROVISIONS

Notice of Claim: We must receive written notice of claim at Our Home Office or at the office of Our authorized agent. It must be given within 30 days of the date the claim begins or as soon thereafter as reasonably possible. The Insured Person's notice should include his or her name and the Policy number.

Claim Forms: Claim forms are available on the Colby-Sawyer website. Further, we will provide the Insured Person with claim forms within 15 days after We receive his or her notice of claim. If We do not provide these forms within this time, a claim may be filed without using them. The claim must contain written proof of Loss. It must cover the occurrence, type and extent of Loss. It must be provided within the time allowed in the following provision.

Proof of Loss: Written proof of Loss must be provided to Our Home Office within 90 days of the loss. Failure to furnish proof of loss within 90 days of the date of loss will not invalidate nor reduce any claim if it can be shown that it was not reasonably possible to furnish such proof and that such proof was furnished as soon as reasonably possible.

Time of Payment: We will pay benefits for services rendered by New Hampshire health care providers within 45 calendar days upon receipt of a clean written claim or 15 calendar days upon receipt of a clean electronic claim. If We deny or place a claim in pending, We will have 15 calendar days upon receipt of the claim to notify the provider or Insured Person of the reason for denying or pending the claim and what, if any, additional information is required to process the claim. Our failure to comply with the time limits in this provision will NOT have the effect of requiring Us to provide benefits for an otherwise non-covered claim.

Payment of Claims: All benefits are payable to the Insured Person. Benefits unpaid at the death of the Insured Person will be paid to his or her spouse. If he or she has no spouse, they will be paid to the Insured Person's estate.

If benefits are payable to the Insured Person's estate or to an Insured Person or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay an amount not to exceed \$1,000.00 to any relative or to any connection by marriage of the Insured Person or beneficiary who We deem to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

Subject to any written direction of the Insured Person, all or a portion of any benefits payable by this Policy as the result of hospital, nursing, medical or surgical services may be paid directly to the provider of such service. Payment may be so made, at Our option, unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss. It is not required that the services be rendered by a particular Hospital or provider.

Physical Examination and Autopsy: We, at Our own expense, have the right to have a physical examination performed on an Insured Person as often as is reasonably necessary while a claim is pending. We also, at Our own expense, have the right, where it is not forbidden by law, to make an autopsy in case of death.

Legal Actions: No suit may be brought on a claim sooner than 60 days after the date written proof of loss is given. No suit may be brought more than 3 years that written proof of loss is required.

Right of Subrogation: We will be fully and completely subrogated to Your rights against parties who may be liable to provide indemnity or make contribution in respect of any matter that is the subject of a claim under the Policy. You agree to cooperate fully with Us in seeking such indemnity or contribution including, where appropriate, insurers instituting proceedings at their own expense against such parties in your name.

CLAIM PROCEDURE

In the event of Accident or Sickness the student should:

1. If at school, report immediately to the Baird Health and Counseling Center so that proper treatment can be prescribed or approved.

2. If away from the School, consult a doctor and follow his/her advice. Notify Baird Health and Counseling Center and the Claims Administrator within thirty (30) days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.

3. Claim forms can be obtained from the Student Health Services, or on-line from:

www.commercialtravelers.com/college.html.

Submit the completed claim form, together with copies of itemized bills and supporting documentation within ninety (90) days after first treatment to Commercial Travelers. (The address is on the claim form.)

Note: All full-time residential students who purchased the Accident and Sickness Plan will be mailed an insurance I.D. Card to their Colby-Sawyer address.

**REPRESENTATIONS OF THIS PLAN
MUST BE APPROVED BY THE COMPANY**

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within sixty-three (63) days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Richard J. Horan Agency if you need such certification.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

NOTE: Students who have purchased the Supplemental Plan are eligible to purchase an additional Catastrophic Major Medical Plan which would provide total coverage up to \$500,000.

Should you be interested in this program, please call the Richard J. Horan Agency at 1-800-327-7567 for further details.

NOTE: An application and payment must be submitted by Sept. 15, 2010 (or Jan. 15, 2011) to be eligible for coverage.

DETACH AND RETAIN

**Student Insurance Identification Card
2010–2011 Colby-Sawyer College**

Name _____

Insurance Terminates on 9/1/11

Policy Number: 2010H8A20

Fully Insured, Undewritten and Claims Administered by
Commercial Travelers Mutual Insurance Company
(800) 756-3702 • www.commercialtravelers.com

Possession of this card does not guarantee eligibility. Eligibility subject to verification by the Plan Administrator. The student must be enrolled in the plan to be eligible for coverage.

Underwritten and claims paid by:
Commercial Travelers
Mutual Insurance Company
70 Genesee St. • Utica, NY 13502
as policy form # CTBH-2004 (NH)
800-756-3702

For a copy of the Company's Privacy Notice, go to:
www.commercialtravelers.com/privacy.html

*or Request one from the Health office
at your school*

or Request one from:
Commercial Travelers Mutual
Insurance Company
c/o Privacy Officer
70 Genesee Street • Utica, NY 13502
Utica, NY 13502

*(Please indicate the school you attend
with your written request.)*

Serviced by:
Richard J. Horan Agency
P.O. Box 460 • Laconia, NH 03247
800-327-7567

Local Representative
RICHARD J. HORAN AGENCY
P.O. Box 460
Laconia, New Hampshire 03247
(603) 524-5912 • (800) 327-7567