

a guide to

STUDENT HEALTH SERVICES

UNIVERSITY OF DELAWARE
Newark, Delaware 19716-8101



University of Delaware Student Health Service is fully accredited by the Accreditation Association for Ambulatory Health Care, Inc. and is an institutional member of the American College Health Association

2003-2004

Including the Voluntary
Student Accident and Sickness Plan

Nationwide Life Insurance Company

Policy Number: 3020010701

May 2003

Dear Students and Parents or Guardians:

Part I of this brochure provides information about the health care services and programs offered by the University of Delaware Student Health Service. These services are funded through semester and winter session health fees, which all full-time students are required to pay. The semester and winter session health fee is also used to support services offered through the Center for Counseling and Student Development, as well as other health related services on campus. Part-time matriculated students may use the Student Health Service by paying the semester/winter session fee, or by paying a per visit/service fee.

Part II of the brochure outlines the benefits offered in the voluntary Student Accident and Sickness Insurance Plan underwritten by the Nationwide Life Insurance Company.

Expenses for medical and psychological services beyond those provided on campus, including referrals by the campus services, are the personal responsibility of the student. This is the case even if the expense results from University sponsored programs such as physical education, field or clinical experiences, and intramural or recreational activities.

Such expenses can affect a student's ability to continue his or her education. Therefore, the importance of having some form of insurance coverage cannot be overemphasized.

The 2003-2004 Student Accident and Sickness Insurance Plan provides substantial benefits for covered medical expenses at a reasonable cost. In order to better meet the changing insurance needs of our student population, the 2003-2004 Plan provides the following plan options: the Blue Plan – which is a basic comprehensive major medical program; and the Blue and Gold Plan – which increases the maximum benefits of the Blue Plan. A student may enroll in either Plan. Coverage is also available for a student's spouse and/or dependent children at an additional charge.

You will find information about the advantages of the Plan, cost, term of coverage, covered benefits, and enrollment procedures in Part II of this brochure. For parents of entering students, we urge you to evaluate this Plan for your student, not only based upon the absence of insurance coverage, but as an important Delaware medical community based supplement to existing insurance coverage. We encourage you to enroll on line at www.universityhealthplans.com. Please note that international students will automatically be charged for the Blue Plan and can use a special upgrade application available on the Student Health website to upgrade to the Blue and Gold Plan and/or to add a spouse and/or children. For further information please contact University Health Plans at (800) 437-6448.

Sincerely,

E.F. Joseph Siebold, D.O., F.A.A.P.
Director, Student Health Service

NOTE: The benefits of the Plan described in Section II are not part of the University Student Health Services. If you want this coverage, please contact University Health Plans at the telephone number listed above.

PART I:
SERVICES AVAILABLE AT THE UNIVERSITY OF
DELAWARE STUDENT HEALTH SERVICE

WHAT IS THE STUDENT HEALTH SERVICE?

The Student Health Service (SHS) provides a full range of primary care, treatment, and referral services, as well as related health education programs. All programs and services are aimed at maintaining the physical and emotional well being of University of Delaware students. The SHS is located in Laurel Hall, a freestanding ambulatory care center on the south end of "THE GREEN" near the intersection of South College Avenue and East Park Place. This well equipped facility provides medical treatment and office consultation space for a variety of outpatient services, as well as an 8-bed inpatient (bed patient) unit.

In addition to the Laurel Hall facility, the SHS provides medical services in support of the University athletic program in a sports medicine clinic located in the Bob Carpenter Center.

HOW IS THE STUDENT HEALTH SERVICE STAFFED?

The SHS is staffed by physicians, nurse practitioners, nurses, technical and support staff - all well trained, fully licensed professionals. The physician staff are Board Certified or Board Eligible in specialty areas that include Adolescent Medicine, Family Practice, Internal Medicine, Sports Medicine, Pediatrics and Gynecology. The nurse staff includes nurse practitioners and ANA certified college health nurses. SHS physicians serve on the teaching faculty of the Christiana Care Health Services, Thomas Jefferson University Medical School and Alfred I DuPont Hospital for Children. The affiliation with the Christiana Care Health Services and Thomas Jefferson University Medical School includes recognition of the Health Service as a primary teaching site for 2nd and 3rd year Resident Physicians in Family Practice and Medicine-Pediatrics as well as access to major group buying contracts and continuing education of SHS staff.

WHEN IS THE STUDENT HEALTH SERVICE OPEN?

During the fall and spring semesters, and during the winter session, the SHS is open 24 hours a day, 7 days a week. During semester breaks the SHS is open weekdays, 8:00 a.m. to 5:00 p.m. During the summer period the SHS is open weekdays, 8:00 a.m. to 5:00 p.m. The SHS is closed during University holidays when the residence halls are closed.

WHAT ARE THE STUDENT HEALTH SERVICE HOURS OF OPERATION?

The normal hours of operation for outpatient clinics and specialty services, to include physician services, are Monday - Friday, from 8:00 a.m. to 4:30 p.m.

Inpatient (bed patient) services are staffed by registered nurses and licensed practical nurses on a 24-hour, 7 day a week basis during the academic year (September-May). The inpatient service nurse staff are available for outpatient treatment and consultation providing 24 hour, 7 day a week access to services during the academic year.

After normal hours of operation physician coverage is maintained through on-call telephone consultation. Serious medical conditions or emergencies may be referred to the Newark Emergency Center, Christiana Care Health Services or other area hospitals as the case demands.

IMPORTANT NOTE: *Please remember that every effort is made by SHS personnel to accommodate students at the times listed in this brochure. Since this is a medical facility, however, unexpected emergencies occur making it impossible to adhere to fixed schedules.*

WHO CAN USE THE STUDENT HEALTH SERVICE?

Unless otherwise indicated, the services and programs listed in this guide, as well as the services of the Center for Counseling and Student Development, are available during the academic year to all full-time students who are required to pay the semester and winter session health fee. Part-time matriculated students can elect to pay the health fee and be eligible to receive all services, or use the SHS on a fee for service basis.

During the summer period the services are available on a fee for service basis to those students mentioned above, as well as any matriculated student enrolled in the summer session(s). Students may also elect an optional summer session health fee.

STUDENT HEALTH FEE COVERAGE AND FINANCIAL RESPONSIBILITY

Most of the medical, mental health, and health education services provided by the SHS and the Center for Counseling and Student Development are paid for by the semester or winter session health fee. This includes outpatient walk-in visits and appointments, some routine laboratory work, immunization service visits, minor surgery and related non-operative orthopedics, inpatient (bed patient) care, gynecology

services, psychiatric/counseling services, substance abuse counseling services, limited on campus medical transport services, and health education programs.

Diagnostic x-ray services are provided at the SHS in cooperation with an off-campus radiology group. Billing for this service is routinely accomplished through the student's health insurance carrier. Charges for pharmaceuticals at the SHS Dispensary or off-campus, optional Colposcopy and Norplant System procedures through the Gynecology Clinic, lab work processed at outside laboratories, tuberculin PPD tests, some serum injections and vaccinations, and certain specialty procedures are the responsibility of the student or parent/guardian. In addition, the cost of receiving medical care and psychiatric/counseling services beyond that provided by the SHS and the Center for Counseling and Student Development, including referrals to specialists, use of the Christiana Hospital Emergency Department or the Newark Emergency Center, and hospitalization, is the responsibility of the student or parent.

STUDENT HEALTH SERVICES AND HOW TO USE THEM

OUTPATIENT CLINICS AND SPECIALTY SERVICES

The SHS has four types of clinical services: outpatient/general medical; immunization; gynecology; and sports medicine. All clinical services operate on an appointment basis. In addition, a walk-in system is utilized to address urgent care needs.

Outpatient/General Medical Clinic

The Outpatient General Medical Clinic is staffed by physicians, nurses and nurse practitioners Monday through Friday from 8:00 a.m. to 4:30 p.m. During the academic year registered nurses are available for outpatient treatment and consultation after 4:30 p.m. on weekdays, and on a 24-hour basis on weekends.

To make an appointment, call the main SHS office number (831-2226), or see the receptionist at the main desk waiting area. Serious medical conditions and emergencies are given priority in all cases.

Immunization Clinic

Allergy injections are administered on a regular basis in the Immunization Clinic at no additional charge. Students must provide their serum and allergist's instructions and schedule. Injections are also provided on a routine basis in support of Outpatient and General Medical Clinic services. Immunizations and special injections are provided at an additional charge according to a fee for service schedule. The Immunization

Clinic is located in Room 141, Laurel Hall. Clinic hours are Monday, Tuesday, Thursday, and Friday, 8:00 a.m. to 11:30 a.m. and 1:00 p.m. to 4:00 p.m. A special Wart Clinic is provided on Wednesday.

Gynecology Clinic

The Clinic is staffed by a gynecologist, gynecologic nurse practitioners, and nurse staff with training and experience in gynecology. Comprehensive services include complete pelvic examinations, liquid based Pap smears, contraceptive services, including emergency contraception, pregnancy testing and counseling, and routine gynecological treatment. Colposcopy, Depo-Provera, IUD and Norplant System procedures are also provided as an option for an additional charge. During the academic year, Clinic hours for appointments are scheduled Monday through Friday, 8:00 a.m. to 11:30 a.m., and 1:00 p.m. to 3:30 p.m. Services are available on an emergency basis from 8:00 a.m. to 12 noon, and from 1:00 p.m. to 4:00 p.m. To make an appointment, call the Gynecology Clinic at 831-8035, or see the Clinic receptionist, Room 232, Laurel Hall.

Sports Medicine Clinic

Medical services in support of the University Athletic Program are provided by an athletic medicine physician-nurse team. The services are offered in a Sports Medicine Clinic facility located at the Bob Carpenter Center in close proximity to practice, training, and game facilities. The services provided at the Sports Medicine Clinic include primary care both in and out-of-season, pre-competition physical examinations, minor surgery, and non-operative orthopedics relating to sports injury. The services of the Sports Medicine Clinic are available to students who are not participating in intercollegiate athletics on referral from staff physicians at the SHS. The Sports Medicine Clinic is open August through May. Clinic hours are 8 a.m. to 12 noon and 1 p.m. to 4 p.m., Monday through Friday. For an appointment or additional information contact the Sports Medicine Clinic at 831-2482.

SELF-CARE CLINIC

A Self-Care Clinic enables students to be actively involved in their self-care in a convenient, time effective manner. Using a self-assessment checklist, students match their cold symptoms with either the need to see a nurse or physician, or receipt of a cold medications packet for less severe symptoms. The packet contains self-care cold information, temp-a-dot thermometer, throat lozenges, Acetaminophen (generic for Tylenol) and Pseudoephedrine HCl (generic for Sudafed). The Self Care

Clinic includes a self-care wound component. The Clinic is located just off Laurel Hall main entrance/lobby area and is clearly marked.

DISPENSARY SERVICES

For the convenience of University students a few selected prescriptive and non-prescriptive items and non-returnable orthopedic soft goods (e.g. air casts) may be purchased at the SHS Dispensary located in Room 133 Laurel Hall. The SHS Dispensary is not a pharmacy and has only a limited formulary of pharmaceutical medications. Only prescriptions written by a SHS practitioner will be accepted. Payment is by check, cash, or UD1 FLEX flexible spending account. Most credit cards and bank cards and some prescription cards are also accepted. The Dispensary is open Monday through Friday, 8:30 a.m. to 12 noon and 1:00 p.m. to 4:00 p.m. Call 831-4251 for additional information. Prescriptions can also be filled at any of several pharmacies near campus.

LABORATORY SERVICES

During the academic year our CLIA accredited diagnostic laboratory provides testing in support of all outpatient clinics and specialty services. Most of the lab work is performed at the SHS, to include urinalysis, complete blood counts, mono testing, strep throat cultures, cholesterol testing, and glucose testing. For special studies sent to our reference lab the patient's insurance carrier is billed for this service by the reference lab. Some HMO (Health Maintenance Organization) and PPG (Preferred Provider Group) based insurance plans exclude coverage for laboratory tests not authorized or taken in conjunction with that HMO/PPG. While every effort will be made by SHS staff to coordinate your level of coverage with the need for diagnostic laboratory services, you need to be aware of your insurance coverage requirements and limitations at the time of your visit. The Laboratory Service is located in Rooms 103 and 104, Laurel Hall.

RADIOLOGY

During the academic year diagnostic x-ray services are provided at Laurel Hall in cooperation with a local radiology group. For the benefit of patients and SHS staff, x-rays are taken and the film developed for immediate evaluation at the SHS. The x-rays are then sent to the radiologist for detailed evaluation and reports. The patient's health insurance carrier is billed directly by the local radiology group for this service. Some HMO (Health Maintenance Organization) and PPG (Preferred Provider Group) based insurance plans exclude coverage for x-rays not authorized or taken in

conjunction with that HMO/PPG. While every effort will be made by SHS staff to coordinate your level of coverage with the need for diagnostic x-ray services, you need to be aware of your insurance coverage requirements and limitations at the time of your visit. The X-Ray Service is located in Rooms 126 and 127, Laurel Hall.

EKG

Electrocardiograph (EKG) diagnostic procedures are performed on staff physician's orders. There is no additional charge for this service for students who have paid the health fee.

MINOR SURGERY

During regular medical clinic hours certain minor surgical procedures are performed by SHS staff physicians. Procedures include some suturing of lacerations, incision and drainage of some abscesses, removal of some small growths, and splinting or casting for some minor fractures. There is no additional charge for this service for students who have paid the semester/winter session health fee. There may be a charge for biopsy, if needed. (See Laboratory Services).

BORROWED ARTICLES

Crutches, canes, and other re-usable medical supplies are available on a loan basis. Students will have their account charged for any equipment item not returned.

INPATIENT CARE

The SHS provides an 8 bed Inpatient Service in the Laurel Hall facility. Patients can be admitted by SHS staff physicians for illness requiring diagnostic testing and observation, treatment and isolation of infectious disease, and for injury requiring inpatient care. This allows students to maintain their course of study without serious interruptions. The Inpatient Service is staffed by registered nurses and licensed practical nurses on a 24 hour, 7 day a week basis during the academic year. A SHS physician is available for telephone consultation during off hours. There is no Inpatient Service during the summer, or during semester break periods and University holidays when the residence halls are closed.

MEDICAL TRANSPORT SERVICES

The SHS, in conjunction with the Department of Public Safety, provides limited on campus medical transport services. Short-term on-campus transportation to and from classes for disabling injuries may be authorized by the Director or Assistant Director for Nursing Service.

TRANSPORT SERVICES ARE NOT PROVIDED FOR SCHEDULED APPOINTMENTS WITH CONSULTING PHYSICIANS.

In addition to the above transport services, the SHS and the Department of Public Safety sponsor an emergency ambulance service. The service is operated by well-trained student volunteers, utilizing a modern, well-equipped University ambulance vehicle. The University Ambulance service operates on a 24-hour basis during the academic year. The ambulance telephone number is 831-2222 (Department of Public Safety). Dial 911 from a campus phone for emergencies. Ambulance services will be provided by a non-University ambulance squad, if needed, when the University ambulance is making another call. There will be a charge for a non-University ambulance squad.

HOW STUDENTS ARE ACTIVE IN THE STUDENT HEALTH SERVICE

The SHS welcomes and encourages student participation in the ongoing process of maintaining the quality of services, improving the way we do things and developing new programs to meet student needs.

Feedback: There are a number of places to direct your comments/suggestions on how we can improve our services. You are encouraged to speak directly to the staff who have served you or to their supervisor(s). A letter to the Director will receive a written response. Appointments to discuss concerns with the Director, the Assistant Director for Administration, or the Assistant Director for Nursing Service are also encouraged. You may also call our comment line at 831-4898 or give us your comments by e-mail. See the Student Health Service home page <http://www.udel.edu/shs/> for details.

The Student Health Advisory Council (SHAC): This group represents all University students and exists to provide input and assistance in the planning and evaluation of services, the preparation and review of the budget, and special projects of the SHS. The group is made up of representatives from various student organizations and elected bodies, as well as interested students. The SHS places great value on the work of the Council and encourages your active participation. Interested students should contact the Director at 831-3699.

STUDENT HEALTH SERVICES DIRECTORY

General information/Outpatient Appointments
Main Reception Area 831-2226

Director
Room 217 Laurel Hall 831-2871

Assistant Director for Administration
Room 215 Laurel Hall 831-2871

Assistant Director for Nursing Service
Room 216 Laurel Hall 831-2871

Ambulance Service
Dept. of Public Safety 831-2222
Or 911 from campus phone for emergencies

Dispensary Service
Room 133 Laurel Hall 831-4251

Gynecology Clinic
Room 232 Laurel Hall 831-8035

Immunization Clinic
Room 141 Laurel Hall 831-4150

Inpatient Service
Room 210 Laurel Hall 831-8324

Laboratory Service
Room 103/104 Laurel Hall 831-2226

Outpatient/General Medicine Clinic
1st Floor, Laurel Hall 831-2226

Physical Therapy Referral
Main Office Laurel Hall 831-2226

Radiology (X-Ray)
Rooms 126/127 Laurel Hall 831-2226

Sports Medicine Clinic
Bob Carpenter Sports/Convocation Center 831-2482

Counseling Service/Wellspring 831-2141

Comment Line 831-4898

TDD 831-1264

FAX 831-6407

WWW <http://www.udel.edu/shs/>

E-mail studenthealth@udel.edu

**PART II:
STUDENT ACCIDENT & SICKNESS INSURANCE**

INTRODUCTION

This is a brief description of the Accident and Sickness Insurance Plan available for University of Delaware students. The Plan is underwritten by the Nationwide Life Insurance Company. The exact provisions governing this insurance are contained in the master policy (referred to below as "the Policy") issued to the University and may be viewed at the University's office during business hours. The Policy shall control in the event of any conflict between this brochure and the Policy.

ELIGIBILITY

All matriculated, full-time and part-time undergraduate and graduate students, while enrolled at the University of Delaware, are eligible to enroll in the Plan. Insured students may also enroll their eligible dependents (spouse residing with the student and unmarried children under age 19 who reside with the student and are not self-supporting).

This program consists of two plans:

The Blue Plan - Comprehensive Major Medical Benefits

The Blue & Gold Plan - Enhanced Medical Benefits

A student may enroll in either Plan. All members of a family unit must be insured for the same Plan.

Enrollment for the selected Plan must be made within 30 days after the effective date applicable to the "Coverage Term" selected on the enrollment form.

TERM OF COVERAGE

The "policy term" begins at 12:01 AM on 9/1/03 and ends at 12:01 AM on 9/1/04. Coverage for Insured Persons begins at 12:01 AM on the latest of the following dates: (a) the first day of the "Coverage Term" selected when a signed enrollment form and premium payment are received by the Company (or authorized representative) within 14 days from such date, or (b) the date a signed enrollment form and premium payment are received by the insurance company (or authorized representative), if later. Coverage for insured dependents will begin and end on the same dates as that applicable for students. If an Insured student or Insured dependent spouse gives birth to a child while coverage is in effect for such student or spouse, coverage for that child will be provided for Injury or Sickness, including medically diagnosed congenital defects and birth abnormalities, as well as routine care furnished for an infant, for 31 days from the moment of birth. This coverage will cease at the end of the 31 day period if enrollment and "due" premium payment for the child have not been received.

WITHDRAWAL

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the

premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will be available. Insured Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the Company within 90 days of withdrawal from school.

REFUND OF PREMIUM

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

THE BLUE PLAN COMPREHENSIVE MAJOR MEDICAL BENEFITS

When Injury or Sickness requires treatment and after satisfying a deductible of \$50 per Injury or Sickness (see waiver below), payment shall be made for Covered Medical Expenses (see payment percentage for details) incurred during the term insured. Covered Medical Expenses are those expenses for inpatient and outpatient hospital services, including birthing centers, surgeons, anesthesia, inpatient and outpatient physician visits and consultations, including services of an advanced registered nurse and midwife, emergency services, x-ray and laboratory services, and emergency ambulance services, subject to the limits and other conditions below: (a) When prescribed for treatment of an Injury or Sickness, expenses for outpatient prescription drugs are a Covered Medical Expense payable at 80% to a maximum of \$250 for all conditions per policy year. (b) Payment for dental treatment of Injury to sound, natural teeth is limited to \$200 per tooth. (c) When rendered for treatment of Sickness, expenses for outpatient physical therapy shall be limited to \$40 per visit, up to 10 visits. **The Maximum Benefit payable shall be \$50,000 for any one Injury or Sickness.**

Waiver of Deductible - The \$50 deductible shall not apply (a) to covered x-ray services performed at the Student Health Service or (b) to care rendered to students at the Newark Emergency Center, Christiana Hospital, or Beebe Medical Center for bonafide emergencies, (c) to covered outpatient physical therapy rendered for treatment of Sickness at the University of Delaware Physical Therapy Health Clinic or (d) outpatient prescription drugs when prescribed and filled at the University of Delaware Student Health Service.

Payment Percentage:

a) For Covered Medical Expenses - 80% until \$2,000 has been paid, then 100% until the Maximum Benefit is paid.

Maximum Benefit:

- a) For Covered Medical Expenses incurred for treatment of mental or nervous disorders, which are not otherwise excluded - \$50,000, for any one Sickness.
- b) For Covered Medical Expenses incurred for Pre-Existing Conditions, which are not otherwise excluded, after the Insured has been continuously for 12 months - \$50,000, for any one Injury or Sickness.
- c) For all other Covered Medical Expenses - \$50,000, for any one Injury or Sickness.

REPATRIATION EXPENSE

This benefit will cover all insured International Students and domestic students on authorized study abroad programs, and their insured dependents. In the event of death of an Insured and when approved by the Company, payment will be made to prepare and ship the deceased's body to his/her home country, up to \$7,500.

MEDICAL EVACUATION EXPENSE

This benefit will cover all insured International Students and domestic students on authorized study abroad programs, and their insured dependents. When an Insured is hospitalized for Injury or Sickness for 5 days in a row, payment will be made to evacuate that person to his/her home country or another facility, if medically necessary, up to \$10,000. The attending physician and the Company must approve the evacuation. With respect to International students, all coverage ends under the Policy once the evacuation takes place.

THE BLUE & GOLD PLAN ENHANCED MAJOR MEDICAL BENEFITS

When you select the Blue and Gold Plan you automatically have Blue Plan Benefits described above. When Injury or Sickness requires treatment and after the Maximum Benefit has been paid under the Blue Plan, payment shall be made at 100% for Covered Medical Expenses incurred during the term insured. Covered Medical Expenses are those expenses for physicians and surgeons, including services of an advanced registered nurse or nurse midwife, hospital confinement, x-rays, laboratory tests, casts, surgical dressings, use of an ambulance and other Reasonable and Customary medical expenses except that expenses for outpatient prescription drugs are payable only when prescribed for an Injury. **The**

Maximum Benefit payable shall be \$1,000,000, inclusive of the Blue Plan benefits, for any one Injury or Sickness. The Blue & Gold Plan does not cover mental or nervous disorders or outpatient physical therapy for a Sickness in excess of the Blue Plan Maximum of \$50,000.

DEFINITIONS

"Injury" means bodily Injury caused by an Accident, which results in loss, directly and independently of all other causes. The Injury must begin while the Insured is covered under the Policy.

"Accident" means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy.

"Sickness" means illness or disease, which is the sole cause of the loss. The Sickness must manifest itself while the person is insured under the Policy. Sickness includes normal pregnancy and complications of pregnancy.

"Pre-existing condition" means a condition for which medical advice or treatment was recommended by or received from a physician within a 12 month period preceding the Insured's Effective Date of insurance.

"Creditable Coverage" means coverage under any of the following: 1) A group health plan; 2) Health insurance coverage; 3) Medicaid or Medicare; 4) A State health benefits risk pool; 5) United States Military sponsored health care; 6) Public health plan; 7) The Federal Employees Health Benefit Plan; 8) A medical care program of the Indian Health Service or of a tribal organization; and 9) a health plan under the Peace Corps Act.

"Reasonable and Customary Charge" means the normal charge of the provider, in the absence of insurance, (a) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or (b) for a supply which is identical or substantially equivalent. Ingenix is used to determine Reasonable and Customary. The final determination of a Reasonable and Customary charge rests solely with the Company.

"Medically Necessary" means a medical service, treatment or supply: (1) Consistent with "approved and generally accepted medical, surgical or dental practice" for the covered Injury or covered Sickness of the Insured, as determined by the Company. (2) Accepted as safe, effective

and reliable by a medical specialty or board recognized by the American Board of Medical Specialties, and (3) Not "experimental or investigational treatment," as determined by the Company. See the Policy for a complete definition.

STATE MANDATED BENEFITS

The Policy covers, according to the benefit outline, the Reasonable and Customary Charges incurred for the following services, as mandated by the State of Delaware: 1) Ovarian Cancer Monitoring; 2) Prostate Specific Antigen Test; 3) Mammograms; 4) Pap Smear Test; 5) Lead Poisoning Screening; 6) Colorectal Cancer Screening; 7) Immunizations for dependent children from birth through age 18; 8) Outpatient Contraceptive Services, including contraceptive drugs and devices; 9) Diabetes equipment and supplies; 10) Reconstructive breast surgery; 11) Routine patient care costs while engaging in clinical trials for treatment of a life-threatening disease; and 12) Treatment of severe mental illness and drug and alcohol dependency the same as any other Sickness. See the Policy for details.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except that this exclusion shall not apply for treatment resulting from Injury to sound, natural teeth.
2. Services normally provided without charge to students who pay the Student Health Fee by the University's Health Service, Infirmary or Hospital, or by health care providers employed by the University.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations or treatment to correct a physical defect of the eye, which can or does impair normal vision.
4. Injury due to participation in a riot, or commission of a felony.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or Sickness resulting from declared or undeclared war or any act thereof.
7. Injury or Sickness for which benefits are payable under Workers' Compensation or Occupational Disease Law.
8. Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the

Insured entering the armed forces of any country, we will refund the unearned pro-rata premium to such Insured.

9. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Elective treatment or elective surgery.
11. Cosmetic surgery except as the result of covered Injury occurring while the Policy is in force as to the Insured
12. Injury sustained while participating in the play or practice of intercollegiate sports.
13. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance.
14. Any expense incurred for the treatment of Temporomandibular Joint (TMJ) Dysfunction Syndrome, including examination and fitting for the TMJ device, nutritional counseling and occlusal adjustment. But, benefits will be provided for the treatment of TMJ Dysfunction caused by documented organic joint disease or joint damage resulting from physical trauma. Benefits for a TMJ appliance are excluded.
15. Expense incurred for: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; and learning disabilities or disorders, or Attention Deficit Disorder.
16. Expense incurred for infertility procedures and fertility tests.
17. Expense incurred for immunizations, allergy tests, vitamins, anti-toxins, except as specifically stated.
18. Expense incurred for routine exams or check-ups and other preventive care, except as specifically stated.
19. Services and/or supplies, which are not Medically Necessary for the care and treatment of the Injury or Sickness.
20. Expense in excess of the Reasonable and Customary charge.
21. Outpatient prescription drugs or medicines except as may be specifically provided.
22. Expense for heart, heart-lung, liver or pancreas transplants.
23. Pre-Existing Conditions. This exclusion will not apply if, during the period immediately preceding the Insured's Effective Date of coverage under the Policy, the Insured was covered under prior Creditable Coverage for 12 consecutive months. This waiver of Pre-existing

Conditions will apply only if the Insured becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

24. Chiropractic services except for the following services rendered by a licensed chiropractor for subluxation diagnosed and verified through x-ray: manual manipulation of the spine, hot/cold pack applications, and x-rays, provided (a) an x-ray showing subluxation was taken within 3 years prior to date services are rendered, and (b) benefits shall be payable only for one treatment (either manual manipulation or hot/cold pack applications) per day.
25. With respect to the Blue & Gold Plan, outpatient physical therapy for a Sickness.
26. Expense for Mental or Nervous Disorders under the Blue & Gold Plan that exceed the Blue Plan maximum.

SUBROGATION

If claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Policy.

TERMINATION OF INSURANCE

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Insured. No benefits are payable for expenses incurred after the date the insurance terminates for the insured, except as may be provided under the Extension of Benefits.

EXTENSION OF BENEFITS

If, as a result of Injury or Sickness, an Insured is confined to a hospital on the date his or her insurance terminates, expenses incurred after such termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 31 day period following such termination of insurance.

COORDINATION OF BENEFITS

When an Insured has coverage under other policies and/or plans, the Policy will coordinate payments from all sources of coverage so that the total amount paid does not exceed 100% of the allowable expenses incurred. Benefits available under the Policy may be reduced for the purposes of such coordination. This provision shall not apply to benefits payable for motor vehicle accident injuries.

CLAIM PROCEDURE

In the event of Injury or Sickness, the Insured should consult a doctor and follow his/her instructions.

Claim forms and instructions are available at the Student Health Service and all claim forms should be mailed to Consolidated Health Plans, Inc., 195 Stafford Street, Springfield, MA 01104, Phone: (800) 633-7867. Written notice of claim must be given within 30 days after the occurrence or commencement of any loss covered by the Policy. Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment. Whenever a claim for benefits is denied, you will receive a notice to this effect. If you feel your claim should not have been denied, you may submit any additional medical information to the Claims Administrator in support of your claim. Such request should be made in writing and submitted within 60 days from the date you receive the denial notice. Upon receipt of your request, the Claims Administrator will reconsider the denial and inform you of the outcome.

CERTIFICATION OF GROUP HEALTH PLAN

COVERAGE

If an Insured is no longer eligible to be insured under this Plan, the Insured should request a Certificate of Group Health Plan Coverage from Consolidated Health Plans. This request must include the name of the school and the name of each person who is no longer eligible to be insured under this Plan.

ANNUAL RATES

The Blue Plan

Student only -	\$ 789
Student & One dependent -	\$ 2,068
Student & 2 or More dependents -	\$ 3,021

The Blue & Gold Plan

Student only -	\$ 963
Student & One dependent -	\$ 2,673
Student & 2 or More dependents -	\$ 3,958

Note: For other than Annual rates, see the enrollment form. includes administrative fee.

CONTINUATION PLAN

Students currently insured under this Accident and Sickness Insurance Plan whose eligibility ends due to graduation or otherwise leaving school are eligible to continue coverage under a Continuation Plan, subject to its terms and conditions. Enrollment for this Continuation Plan must be made before

9/1/04. To enroll, call University Health Plans at (800) 437-6448.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform to the requirements of the state statutes.

Claims Administrator: Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
Telephone (800) 633-7867

Email: info@consolidatedhealthplan.com
www.consolidatedhealthplan.com

Servicing Broker: University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
Telephone (800) 437-6448

Email: info@univhealthplans.com
www.universityhealthplans.com

Underwritten By:
Nationwide Life Insurance Company

POLICY NUMBER: 3020010701

VISION BENEFITS

The Vision One discount program is available to participants in the Student Health Insurance Plan through Cole Vision® at no additional cost. This program may help you save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

The Vision One program is available at many optical centers nationwide – such as **Sears, JCPenney, Target**, most **Pearle Vision** Centers and others – as well as through selected independent optometrist and ophthalmologist offices.

When you visit a Vision One location, show your Student Health Insurance card, and any applicable services or merchandise you receive will be discounted right at the point of purchase. There are no claim forms to complete and no waiting for reimbursement.

Here is an example of some of the discounts you are eligible for:

Frames	Vision One Cost	Typical Savings
Up to \$60 retail	\$25	58%
\$60 to \$80 retail	\$35	56%
\$80 to \$100 retail	\$45	55%
Over \$100 retail		35% off retail
Exams - Spectacle		\$5 discount
Lenses		
Single Vision	\$30	46%
Bifocal	\$50	42%
Trifocal	\$60	45%
Lens Options		Additional
Standard Progressive (no-line bifocal)	\$50	33%
Polycarbonate	\$30	40%
Scratch Resistant Coating	\$12	40%
Ultraviolet Coating	\$12	40%
Anti-Reflective Coating	\$35	30%
Photochromic	\$30	25%
Solid or Gradient Tint	\$ 8	33%
Contact Lenses		
Non-Disposable Contacts		20%
Disposable Contacts		10%
Exams – Contacts		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at www.cmv.com or call 1-800-424-1155, weekdays from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET to speak to a representative. Cole Managed Vision Care Plan #47034.