

2013-2014

STUDENT INJURY INSURANCE PLAN

THIS IS AN INJURY ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS.

Designed Especially for the Students of

Connecticut Community-Technical Colleges

This Certificate does not provide Coverage for:

Skydiving, parachuting, hang gliding, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;

Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition.



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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our 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 non-public personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.uhcsr.com.

Eligibility

All enrolled students are automatically enrolled in this insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or 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 to refund premium.

Effective And Termination Dates

The Master Policy on file at the school becomes effective at 12:01 a.m., August 25, 2013. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., August 24, 2014. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Refunds of premiums are allowed only upon entry into the armed forces.

The Policy is a Non-Renewable One Year Term Policy.

Extension of Benefits After Termination

The coverage provided under the policy ceases on the Termination Date. However, if an Insured is Totally Disabled on the Termination Date from a covered Injury for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Schedule of Medical Expense Benefits

Injury Only

Up To \$20,000 Maximum Benefit Paid as Specified Below (For Each Injury)

Deductible: \$0

Coinsurance: 100% except as noted below

The Policy provides benefits for 100% of the Usual and Customary Charges incurred, by an Insured Person, for loss due to a covered Injury up to the Maximum Benefit of \$20,000 for each Injury.

The Company will pay Covered Medical Expenses caused by an Injury sustained by the Insured Person: a) while attending classes of the Connecticut Community Technical Colleges; or b) while participating in and while traveling directly to or from an activity sponsored by the Connecticut Community Technical Colleges (including work study programs). Intercollegiate athletics are not covered. Fluid exposures (needlesticks, face splashes, etc.) experienced by Clinical Students while engaging in school related activities in a clinic setting shall be covered (including any medically required prescriptions) at 100% up to \$1,000 maximum per incident.

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

U&C= Usual and Customary Charges

INPATIENT

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| Room & Board Expense , daily semi-private room rate, and general nursing care provided by the Hospital. | 100% of U&C |
| Intensive Care | 100% of U&C |
| Hospital Miscellaneous Expenses , 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. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge. | 100% of U&C |
| Physiotherapy | Paid under Hospital Miscellaneous Expenses |
| Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. | 100% of U&C |
| Assistant Surgeon | 100% of U&C |
| Anesthetist , professional services in connection with inpatient surgery. | 100% of U&C |

| INPATIENT | |
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| Registered Nurse's Services | No Benefits |
| Physician's Visits , benefits do not apply when related to surgery. | 100% of U&C |
| Pre-Admission Testing , payable within 3 working days prior to admission. | Paid under Hospital Miscellaneous Expenses |
| OTHER | |
| Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. | 100% of U&C |
| Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index. | 100% of U&C |
| Assistant Surgeon | 100% of U&C |
| Anesthetist , professional services administered in connection with outpatient surgery. | 100% of U&C |
| Physician's Visits , benefits do not apply when related to surgery or Physiotherapy. | 100% of U&C |
| Physiotherapy/Occupational Therapy , Benefits are limited to one visit per day. | Paid under Physician's Visits |
| Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury. | 100% of U&C |
| Diagnostic X-Rays & Laboratory Services | 100% of U&C |
| Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and Lab Procedures. | Paid under X-rays and Laboratory Services |
| Injections , when administered in the Physician's office and charged on the Physician's statement. | 100% of U&C |
| Prescription Drugs | No Benefits |

OTHER

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| Ambulance , when medically necessary transport to a Hospital. | Maximum allowable rate established by the Department of Public Health |
| Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. | 100% of U&C |
| Consultant | No Benefits |
| Dental Treatment , made necessary by Injury to Sound, Natural Teeth. | 100% of U&C / \$750 maximum (for each Injury) |
| Home Health Care | See Benefits for Home Health Care |

Excess Provision

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

Premium for each Insured Person will be paid by the Policyholder.

This Excess Provision shall not apply to the Connecticut Comprehensive Health Care Plan.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

Mandated Benefits

Benefits for Accidental Ingestion of a Controlled Drug

Benefits will be paid for accidental ingestion or consumption of a controlled drug as required by Connecticut statute. When inpatient treatment in a Hospital, whether or not operated by the State, is required as a result of accidental ingestion or consumption of a controlled drug, benefits will be paid for the Usual and Customary Charges incurred up to a maximum of 30 days Hospital Confinement. Benefits will be paid for outpatient treatment resulting from accidental ingestion or consumption of a controlled drug up to a maximum of \$500.00 for any one accident.

Benefits for Amino Acid Modified Preparations and Low Protein Modified Food Products

Benefits will be paid the same as any other outpatient Prescription Drug for Amino Acid Modified Preparations and Low Protein Modified Food Products for the treatment of Inherited Metabolic Diseases if the Amino Acid Modified Preparations or Low Protein

Modified Food Products are prescribed for the therapeutic treatment of Inherited Metabolic Diseases and are administered under the direction of a Physician.

If the policy does not provide benefits for outpatient Prescription Drugs, benefits will be provided subject to the policy maximum benefit including any Deductible, copayment or coinsurance requirements

"Inherited metabolic disease" means a disease for which newborn screening is required under Connecticut Statute Title 38a, Chapter 700c, Section 19a-55 and cystic fibrosis.

"Low protein modified food product: means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a physician.

"Amino acid modified preparation" means a product intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Hypodermic Needles or Syringes

Benefits will be paid for the Usual and Customary Charges incurred for hypodermic needles or syringes prescribed by a licensed Physician for the purpose of administering medications for any Injury or Sickness, provided such medications are covered under the policy.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Home Health Care

Benefits will be paid as specified below for Injury or Sickness for home health care to residents in Connecticut.

Benefits payable shall be limited to eighty visits in any calendar year or in any continuous period of twelve months for each Insured, except in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of six months or less to live, the yearly benefit for medical social services shall not exceed two hundred dollars (\$200). Each visit by a representative of a home health agency shall be considered as one home health care visit; four hours of home health aide service shall be considered as one home health care visit.

Home health care benefits are subject to an annual Deductible of fifty dollars (\$50.00) for each Insured and will be subject to a coinsurance provision of not less than seventy-five per cent (75%) of the Usual and Customary Charges for such services. If an Insured is eligible for home health care coverage under more than one policy, the home health care benefits shall only be provided by that Policy which would have provided the greatest benefits for hospitalization if the person had remained or had been hospitalized.

"Home health care" means the continued care and treatment of a covered person who is under the care of a Physician if:

- (1) continued hospitalization would otherwise have been required if home health care was not provided, except in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of six months or less to live, and,
- (2) the plan covering the home health care is established and approved in writing by such Physician within seven days following termination of a hospital confinement as a resident inpatient for the same or a related condition for which the Insured was hospitalized, except that in the case of an Insured diagnosed by a Physician as terminally ill with a prognosis of six months or less to live, such plan may be so established and approved at any time irrespective of whether such Insured was so confined or, if such Insured was so confined, irrespective of such seven-day period, and

- (3) such home health care is commenced within seven days following discharge, except in the case of a covered person diagnosed by a Physician as terminally ill with a prognosis of six months or less to live.

Home health care shall be provided by a home health agency. "Home health agency" means an agency or organization which meets each of the following requirements:

- (1) It is primarily engaged in and is federally certified as a home health agency and duly licensed by the appropriate licensing authority to provide nursing and other therapeutic services.
- (2) Its policies are established by a professional group associated with such agency or organization, including at least one Physician and at least one Registered Nurse, to govern the services provided.
- (3) It provides for full-time supervision of such services by a Physician or by a Registered Nurse.
- (4) It maintains a complete medical record on each patient.
- (5) It has an administrator.

Home health care shall consist of, but shall not be limited to, the following:

- (1) Part-time or intermittent nursing care by a Registered Nurse or by a licensed practical nurse under the supervision of a Registered Nurse, if the services of a Registered Nurse are not available;
- (2) Part-time or intermittent home health aide services, consisting primarily of patient care of a medical or therapeutic nature by other than a Registered Nurse or licensed practical nurse;
- (3) Physical, occupational or speech therapy;
- (4) Medical supplies, drugs and medicines prescribed by a Physician and laboratory services to the extent such charges would have been covered under the Policy or contract if the Insured had remained or had been confined in the Hospital;
- (5) Medical social services provided to or for the benefit of a covered person diagnosed by a Physician as terminally ill with a prognosis of six months or less to live. "Medical social services" mean services rendered, under the direction of a Physician by a qualified social worker, including but not limited to:
 - (A) assessment of the social, psychological and family problems related to or arising out of such covered person's illness and treatment;
 - (B) appropriate action and utilization of community resources to assist in resolving such problems;
 - (C) participation in the development of the overall plan of treatment for such Insured.

Benefits shall be subject to all other limitations and provisions of the policy.

Benefits for Mammography and Comprehensive Ultrasound Screening

Benefits will be paid the same as any other Covered Medical Expenses as shown on the Schedule of Benefits for mammographic examinations to any woman insured under this policy which are equal to the following requirements: 1) a baseline mammogram for any woman who is thirty-five to thirty-nine years of age, inclusive; and 2) a mammogram every year for any woman who is forty years of age or older.

Additional benefits will be provided for comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's Physician or advanced practice Registered Nurse.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Postpartum Care

If an Insured and Newborn Infant are discharged from inpatient care less than forty-eight hours after a vaginal delivery or less than ninety-six hours after a cesarean delivery, benefits will be provided on the same basis as any other Covered Medical Expense for a follow-up visit within forty-eight hours of discharge and an additional follow-up visit within seven days of discharge. Any decision to shorten the length of inpatient stay to less than forty-eight hours after a vaginal delivery or ninety-six hours after a cesarean delivery shall be made by the Physician after conferring with the Insured.

Follow-up services shall include, but not be limited to, physical assessment of the Newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system and the performance of any Medically Necessary and appropriate clinical tests. Such services shall be consistent with protocols and guidelines developed by attending providers or by national pediatric, obstetric and nursing professional organizations for these services and shall be provided by qualified health care personnel trained in postpartum maternal and Newborn pediatric care.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Benefits for Isolation Care and Emergency Care

Benefits will be paid the same as any other Injury or Sickness for isolation care and emergency services provided by the state's mobile field Hospital.

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations, or any other provisions of the policy.

Definitions

INJURY means accidental bodily injuries sustained by the Insured Person which: 1) are the direct cause, independent of disease or bodily infirmity or any other cause; 2) are treated by a Physician within 30 days after the date of accident; and occurs while this policy is in force, subject to the policy Pre-existing Condition provisions.

PRE-EXISTING CONDITION means any condition which is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

TOTALLY DISABLED means a condition of a Named Insured which, because of Injury, renders the Insured unable to actively attend class.

USUAL AND CUSTOMARY CHARGES means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;

3. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
4. Dental treatment, except as specifically provided in the Policy;
5. Elective Surgery or Elective Treatment;
6. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;
7. Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury;
8. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
9. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
10. Participation in a riot, civil disorder or a felony except when Injury occurs when the Insured Person has an elevated blood alcohol content or when under the influence of intoxicating liquor or any drug or both. Participation means to voluntarily take a part or share with others assembled together in some activity. Riot means a violent public disturbance of the peace by a number of persons assembled together;
11. Pre-existing Conditions for a period of 12 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for Pre-existing Conditions for newly Insured Persons who were covered under Previous Qualifying Coverage, but not covered for such Pre-existing Conditions under the Qualifying Coverage when (a) the preceding Qualifying Coverage which was continuous to a date not less than 120 days prior to their effective date under this policy; and for (b) newly Insured Persons who apply within 30 days of initial eligibility under this policy and whose previous Qualifying Coverage was terminated due to the involuntary loss of employment and was continuous to a date not more than 150 days prior to their effective date under this policy. This Pre-existing Condition Limitation will not apply to newly Insured Persons who were covered for such Pre-existing Conditions, under Qualifying Coverage when (a) the preceding Qualifying Coverage was continuous to a date not less than 120 days prior to their effective date under this policy; or (b) newly Insured Persons who apply within 30 days of initial eligibility under this policy and whose previous Qualifying Coverage was terminated due to the involuntary loss of employment and was continuous to a date not more than 150 days prior to their effective date under this policy;
12. Prescription Drugs dispensed or purchased while not Hospital Confined;
13. Services provided without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee for which the Insured is not charged;
14. Sickness or disease in any form;
15. Skydiving, parachuting, hang gliding, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
16. Injury resulting from suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury;
17. Supplies, except as specifically provided in the policy;
18. Treatment in a Government hospital for which the Insured is not charged, unless there is a legal obligation for the Insured Person to pay for such treatment; and
19. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

Online Access to Account Information

UnitedHealthcare **StudentResources** Insureds have online access to claims status, EOBs, ID Cards, network providers, correspondence and coverage information by logging in to **My Account** at www.uhcsr.com/myaccount. Insured students who don't already have an online account may simply select the "create My Account Now" link. Follow the simple, onscreen directions to establish an online account in minutes using your 7-digit Insurance ID number or the email address on file.

As part of UnitedHealthcare **StudentResources**' environmental commitment to reducing waste, we've introduced a number of initiatives designed to preserve our precious resources while also protecting the security of a student's personal health information.

My Account has been enhanced to include *Message Center* - a self-service tool that provides a quick and easy way to view any email notifications we may have sent. In Message Center, notifications are securely sent directly to the Insured student's email address. If the Insured student prefers to receive paper copies, he or she may opt-out of electronic delivery by going into *My Email Preferences* and making the change there.

UnitedHealth Allies

Insured students also have access to the UnitedHealth Allies® discount program. Simply log in to **My Account** as described above and select *UnitedHealth Allies Plan* to learn more about the discounts available. When the Medical ID card is viewed or printed, the UnitedHealth Allies card is also included. The UnitedHealth Allies Program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

General Provisions

The Insurer will furnish the Insured the necessary forms for filing proof of loss. Claim forms may be obtained at the Company, P.O. Box 809025, Dallas, Texas 75380-9025.

If the person making claim does not receive the necessary claim forms before the expiration of 15 days after first requesting such forms, the Insured Person shall be deemed to have complied with the requirements as to the proof of loss upon submitting to the Insured within 90 days written proof covering the occurrence, character and extent of the loss for which claim is made.

Written proof of loss must be submitted to the Company at P.O. Box 809025, Dallas, Texas 75380-9025 within 90 days after expense is incurred, or as soon thereafter as reasonably possible.

The Company, at its own expense, shall have the right and opportunity to examine the Insured as often as it may reasonably require and also may make an autopsy in case of death if not prohibited by law. Failure of an insured to present himself or herself for examination by a Physician when requested shall authorize the Company to: 1) withhold any payment of Covered Medical Expenses until such examination is performed and Physician's report received; and 2) deduct from any amounts otherwise payable hereunder any amount for which the Company has been obligated to pay a Physician retained by the Company to make an examination for which the insured failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

All benefits payable under the Policy will be paid upon receipt of due written proof of loss. All benefits are payable to the Insured or his designated beneficiary or beneficiaries or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parents, guardian or other person actually supporting him. Subject to any written direction of the Insured, all or a portion of any benefits payable under the Policy may be paid directly to the Hospital, Physician or person rendering the service or treatment.

No action shall be brought under the Policy prior to the expiration of 60 days after filing written proof of loss and no action may be brought after 3 years from the date within which proof of loss is required by the Policy.

Claim Procedure

In the event of Injury, students should:

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Secure a company claim form and cover letter from our website <http://www.uhcsr.com/CCTC> or from a school official. Fill out the form completely, attach all medical and hospital bills and fax the medical bills, cover letter and claim form to 469-229-5625 or mail to Student Insurance, Attn: ADA Claim Forms, PO Box 809025, Dallas TX, 75380-9025.
- 3) File claim within 30 days of Injury or first onset of Sickness. should must 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.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Inquiries to:

UnitedHealthcare **Student**Resources

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-767-0700

Customerservice@uhcsr.com

claims@uhcsr.com

Please keep this Certificate as a general summary of the insurance. The Master Policy on file at the college contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Certificate. The Master Policy is the contract and will govern and control payment of benefits.

This Certificate is based on Policy Number

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