

the benefits of the Policy and as shown in the Schedule of Benefits.

1. Preventive medicines, serums or vaccines of any kind, routine physical or other examinations where there are no objective indications of impairment of normal health.
2. Medical services rendered by provider employed for or contracted with the School (*including Physician visits at Cedarville University Medical Services*), including team physicians or trainers, except as provided in the Schedule of Benefits.
3. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's teeth.
4. Services or supplies in connection with eye examination, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
5. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
6. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a 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 anywhere in the world.
7. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
8. Act of terrorism.
9. Intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.
10. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
11. Expenses incurred after: a) The date insurance terminates as to the Insured Person; b) The Aggregate Lifetime Maximum Benefit for each Covered Injury or Sickness has been attained; and c) The end of the Benefit Period specified in the Benefit Schedule.
12. Elective surgery or treatment.
13. Expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery. For the purposes of this provision: **Reconstructive surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnor-

- malities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible; **Cosmetic surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance.
14. An Insured's a) committing or attempting to commit a felony, b) being engaged in an illegal occupation, or c) participation in a riot.
15. Treatment of nervous or mental disorders or treatment of alcoholism or substance abuse except as provided for in the schedule of benefits.
16. Loss resulting from playing, practicing, traveling to or from or participation in or conditioning for Club Boxing and Club Rugby.
17. **Expenses incurred as the result of an accident involving a motor vehicle, to the extent that benefits are payable under any Automobile Medical Expense Insurance.**

CLAIM PROCEDURE

In the event of injury/accident or illness, the student should . . .

- Consult a physician if necessary.
- Follow the physician's instructions.
- Show the medical provider your Insurance Plan Cards.
- Claim Student Health Insurance Plan as primary insurance unless your private insurance is primary.
- **When using Student Health Insurance ask the medical provider to mail all claims/bills to: Student Health Insurance Plan, Cedarville University Medical Services, 251 North Main Street, Cedarville, OH 45314** or Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee St., Utica, NY 13502.
- Notify Cedarville University Medical Services as soon as possible. Fill out claim form as soon as possible. CLAIM FORMS MAY BE FILLED OUT AT CEDARVILLE UNIVERSITY MEDICAL SERVICES.

If you have any questions, call 937-766-7864 or write to the above address.

**TO VIEW THE STATUS OF YOUR CLAIM
ONLINE GO TO: www.studentplanscenter.com**

The Plan has been described in a general manner in this brochure. The Master Policy 2009B1A08 describing the provisions of this Student Health Insurance Plan is on file at the Student Services Office. No individual certificates will be issued to participants.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed below.

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 employers' plan within 63 days thereafter, you are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Wells Fargo Insurance Services at 800-228-6768 when you need such verification.

Underwritten and Claims Administered by
Commercial Travelers Mutual Insurance Company
70 Genesee St. • Utica, NY 13502
(800) 756-3702 • www.studentplanscenter.com
as Policy Form # CTBH-280 (Rev. 04) (OH)

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

Local Representative
Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • wfi.wellsfargo.com/colleges

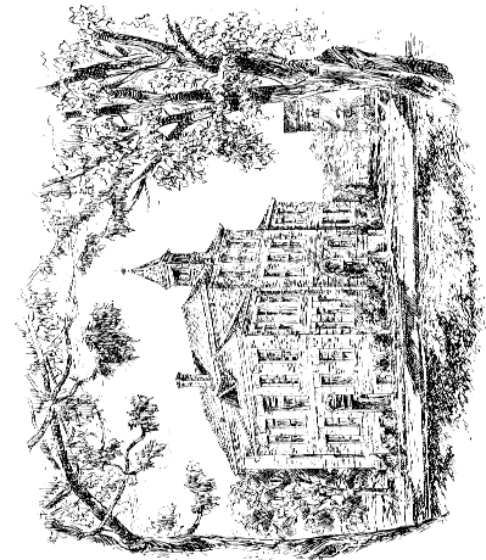
Representations of this plan must be approved by the Company.

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.

STUDENT HEALTH INSURANCE PLAN

FOR UNDERGRADUATE STUDENTS OF
CEDARVILLE UNIVERSITY
2009-2010

CEDARVILLE UNIVERSITY MEDICAL SERVICES
251 N. MAIN STREET
CEDARVILLE, OH 45314
937-766-7864
FAX 937-766-3646
EMAIL: STUHEALTH@CEDARVILLE.EDU



Founders Hall
c. 1894

Policy No. 2009B1A08

2009-B1A08 (Bro.)

STUDENT HEALTH INSURANCE PLAN

The following describes the Student Health Insurance Plan for Cedarville University.

THE STUDENT HEALTH INSURANCE PLAN . . .

1. is a benefit of tuition to all students, married or single, taking 6 or more credit hours per semester. There is no separate fee.
2. is available to students taking less than 6 credit hours per semester, non-student spouses and dependent children. Student Health Insurance Plan Enrollment Forms are available at Cedarville University Medical Services.
3. provides maternity benefits within the scope of the policy if the expectant mother is insured. There is no additional cost for maternity benefits.
4. is a primary plan which may function as secondary when other insurance is available to the insured student.
5. **IS A LIMITED MEDICAL INSURANCE PLAN.** It is not designed to be the student's only insurance.
6. protects the insured student 24 hours a day anywhere in the world during the term of the student's policy.
7. starts benefits Fall Semester becoming effective August 15, 2009. Benefits for Fall Semester terminate midnight January 3, 2010. Spring Semester benefits become effective January 4, 2010 and terminate midnight August 14, 2010.
8. terminates if a student leaves Cedarville University to enter the military.
9. terminates at the start of the following semester or 8/15/10, whichever comes first, when a student withdraws from Cedarville University.

If you have any questions please call 937-766-7864.

NOTICE: If an insured person is covered by more than one health care plan, he or she may not be able to collect benefits from both plans. Each plan may require an insured to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. An insured should read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.

ACCIDENT BENEFIT

The Accident Benefit . . .

1. will pay covered expenses if the accident occurred while the insured's coverage is in force.
2. will pay up to the usual & reasonable expense incurred while the Insured's coverage is in force.

3. will pay covered medical expenses incurred within 52 weeks after the date of the accident.
4. will pay up to \$15,000 per accident.
5. will pay for the following eligible expenses: ER expenses; Urgent Care; hospital confinement; legally qualified physician's & surgeon's fees; services of anesthetist or anesthesiologist; graduate nurse who is neither a relative of the Insured or an employee of the hospital of confinement; prescription drugs; dressings; X-rays; lab tests; ambulance service to and from the hospital of confinement; blood transfusions, plasma; wheelchair, crutches (durable medical equipment) or other braces and appliances; casts, splints; any service or facility required for the proper care and treatment of the student which has been prescribed by a legally qualified physician.

Limitations . . .

1. The first treatment of a Covered Injury must begin within 90 days of accident.
2. Physicians Expense Benefit will pay up to \$85 for the first visit then \$50 per visit for the next 4 office visits per accident.
3. Dental Expense Benefit up to a maximum amount of **\$1,000** for injury to sound natural teeth per accident.
4. Physiotherapy Benefit will pay up to 80% of covered charges limited to \$1,000 per accident.
5. Medical Expenses incurred involving a motor vehicle must first be filed with the Automobile Medical Expense Insurance.

ILLNESS BENEFIT

The Illness Benefit . . .

1. will pay covered medical expenses incurred within 52 weeks from the date of first treatment for illness.
2. will pay according to the following Schedule of Benefits:

Hospital Confined as an In-Patient

1. *Hospital Room and Board*—Pays semi-private rate for the first 3 days, when confinement is prescribed by a physician then up to \$356 per day for the next 67 days per illness.
2. *Hospital Miscellaneous Expenses*—Pays up to \$3,000 per illness for eligible expense other than room and board, incurred during the period covered by the room and board benefit; for necessary services and supplies other than physician's and nurse's fees.
3. *Physician's Fee*—Pays for one visit per day up to 30 visits per illness, not to exceed \$30 per visit nor

more than one visit per day, during the period covered by the room and board benefit.

In or Out of Hospital

4. *Outpatient Surgery Miscellaneous*—Pays Hospital Room and miscellaneous expenses up to \$3,000 per illness when outpatient surgery is performed.
5. *Surgery*—Pays expenses incurred up to \$2,000 according to the percentages specified in the surgical schedule attached to the Policy. Benefits for multiple surgical procedures performed within the same operative field are limited to 150% of the amount payable for the primary procedure.
6. *Anesthetist Fee*—Pays up to 20% of the surgical benefit.
7. *Specialist's Fee*—Pays up to \$85 per illness when approved and/or referred by University Medical Services or by the attending physician for services required of a specialist or consultant.

Outpatient Benefits

8. *Emergency Medical Expense, Diagnostic Lab & X-ray*—Pays eligible expenses for emergency room charges, urgent care charges, Diagnostic Laboratory and/or X-ray expense not to exceed a maximum benefit of \$2,000 per illness.
9. *Physician's Fee*—Pays \$30 per visit per illness, starting with the first visit when away from Campus or when referred or approved by the Cedarville University Medical Services, maximum total benefit of \$150 per illness.
10. *Prescription Drugs*—Pays up to \$100 per illness for drugs prescribed by a physician, subject to a \$10 deductible.
11. *Ambulance Service*—Pays up to \$50 per illness for professional ambulance service to or from the hospital.

MANDATED BENEFITS

The following benefits are mandated in the state of Ohio. They will be included in all plans issued under the Policy. 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: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; Medical Emergency Expenses; Off Label Drugs; Biologically Based Mental Illness; Alcoholism and Drug Abuse Treatment; and Infertility Services. See the Policy on file with the school for further details on these benefits.

REPATRIATION

In the event of the death of an Insured Person, while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges for preparation, including cremation, and transportation of the remains to the Insured Person's place of residence in his or her home country provided expenses do not exceed \$10,000. No benefit will be paid in the event of suicide.

MEDICAL EVACUATION

If an Insured Person is unable to continue their academic program as the result of a Covered Injury or Sickness occurring while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges, for evacuation to another medical facility or the Insured Person's home country. Payment of this benefit is subject to the conditions outlined in the Policy.

Covered expenses include those incurred for an accompanying physician or nurse, if prescribed by the attending physician. Coverage is limited to a maximum of \$15,000 per disability. Medical Evacuation benefits must be pre-approved by the Insurance Company.

PRE-EXISTING CONDITIONS LIMITATION

The Policy does not cover Preexisting Conditions for the first six (6) months following effective date of an Insured Person's coverage. However, the Company will waive this Limitation for an Insured who: 1) Has been Continuously Insured, as defined below, for at least 12 consecutive months under one or more student insurance policies issued to the Policyholder; or 2) Can provide satisfactory evidence of prior Creditable Coverage, as defined below. To qualify for this waiver, an Insured or his or her Insured Dependent must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days. c) His or her most recent coverage must meet the definition of Creditable Coverage shown below.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by