

**2024-2025**

# **Student Injury and Sickness Insurance Plan**

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## **Usual, Reasonable & Customary Premier Plan**



Designed especially for the  
Domestic Students attending  
Private Secondary Connecticut Schools

## TABLE OF CONTENTS

<b>Privacy Policy</b> .....	2
<b>Eligibility</b> .....	2
<b>Effective and Termination Dates</b> .....	2
<b>Extension of Benefits after Termination</b> .....	2
<b>General Features and Plan Specifications</b> .....	3
<b>Schedule of Benefits</b> .....	3
<b>Hospitalization and Inpatient Benefits</b> .....	3
<b>Emergency Benefits</b> .....	4
<b>Outpatient Benefits</b> .....	4
<b>Accidental Death and Dismemberment</b> .....	7
<b>Prescription Drug Information</b> .....	8
<b>Description of Benefits</b> .....	8
<b>Definitions</b> .....	18
<b>Exclusions</b> .....	20
<b>Non-Insurance Assistance Services</b> .....	22
<b>Claim Procedures for Accident and Sickness Benefits</b> .....	22
<b>Pre-Notification</b> .....	23
<b>How You Can Reach Us</b> .....	23
<b>Plan Underwriting Information</b> .....	23
<b>Complaints</b> .....	24
<b>Data Protection</b> .....	24

## **Privacy Policy**

We know that your privacy is important to you, and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at (800) 730-2417.

## **Eligibility**

**Who is Eligible:** Any student, who was born in the United States, and whose permanent residence is in the United States, and who is affiliated with a private secondary school is eligible to purchase and participate in the plan.

**To be Eligible, the Student Must Be:** Enrolled in credit courses, a school sponsored camp or program of the participating institution or have been or will be enrolled in the school offered plan within 45 days.

The Company maintains its right to investigate student status 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 a refund of premium.

## **Effective and Termination Dates**

Each participating private secondary school may have a different effective date. The Policy allows for an effective date no earlier than July 1, 2024, and not later than September 30, 2024. Coverage is available for 12 months from the school's effective date. The Covered Person should check with the school they are attending for specific dates of coverage.

Coverage becomes effective on the first day of the period for which premium is paid or at 12:01 am on the student's chosen effective date, whichever is later. Coverage terminates at 11:59 pm on the student's chosen termination date, the date the Covered Person ceases to be eligible, or at the end of the period through which premium is paid, whichever is earlier.

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

## **Extension of Benefits after Termination**

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

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE SHOWN IN THE SCHEDULE OF BENEFITS.

## General Features and Plan Specifications

### Accident and Sickness Medical Expense Benefits

Area of Coverage	Worldwide
Maximum Benefit	Unlimited
Deductible	\$0
Coinsurance	100% of Usual, Reasonable and Customary charges, except as noted below

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

### Schedule of Benefits

Benefits will be paid up to the Maximum Benefit for each service in the Schedule of Benefits, below:

### Hospitalization and Inpatient Benefits

#### Benefit Coverage

Hospital Room & Board Benefit	100% of semi-private daily room rate
Hospital Miscellaneous Expense Benefit	100% of URC
Intensive Care Unit/Pediatric Care Benefit	100% of URC
Surgeon Benefit <i>Two (2) or more surgical procedures through the same incision will be considered as one (1) procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one (1) benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries</i>	100% of URC
Assistant Surgeon Benefit	100% of URC up to 30% of surgeon allowance
Anesthesia Benefit	100% of URC
Pre-Admission Testing Benefit – payable within 7 days prior to admission	100% of URC
Alcohol & Drug Abuse Expense Benefit	100% of URC
Mental or Nervous Conditions Expense Benefit	100% of URC

## Emergency Benefits

### Benefit Coverage

Emergency Room Benefit	100% of Negotiated Charge
Ambulance Benefit	100% of Negotiated Charge
Emergency Dental Expense Benefit <i>Limited to Injury to Natural Teeth</i>	100% of URC

## Outpatient Benefits

### Benefit Coverage

<b>Surgeon Benefit</b> <i>Two (2) or more surgical procedures through the same incision will be considered as one (1) procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one (1) benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries</i>	100% of URC
Assistant Surgeon Benefit	100% of URC up to 30% of surgeon allowance
Anesthesia Benefit	100% of URC
Day Surgery Miscellaneous Benefit	100% of URC
Physician Visit	100% of URC
Consultant Physician Benefit	100% of URC
Nursing Services	100% of URC
<b>*Hypodermic Needles / Injections Benefit</b> <i>When administered in the Physician's office and charged on the Physician's statement</i>	100% of URC
Wellness Medical Expense Benefit	100% of URC
Urgent Care Benefit	100% of URC
<b>Interscholastic Sports Benefit</b> <i>*Any other benefit payable in conjunction with this Benefit is subject to the maximum benefit amount defined herein</i>	100% of URC
<b>Physiotherapy</b> <i>60 visit maximum per Policy Year</i>	100% of URC

**Benefit Coverage**

*Durable Medical Equipment Expense Benefit	100% of URC
Diagnostic X-Ray and Laboratory Benefit	100% of URC
CT Scan, PET Scan or MRI Benefit	100% of URC
Radiation/Chemotherapy Therapy	100% of URC
Outpatient Prescription Drug Expense Benefit	\$0 copay per prescription limited to a 30-day supply
*Prescription Insulin and Medically Necessary Covered Noninsulin Drug	\$0 copay per prescription limited to a 30-day supply
*Diabetes Treatment Expense Benefit	100% of URC
*Maternity and Pre-Natal Care Expense Benefit	Covered as any other Sickness
Alcohol & Drug Abuse Expense Benefit	100% of URC
*Mental or Nervous Conditions Expense Benefit	100% of URC
Emergency Medical Evacuation/Return of Mortal Remains	100% of Actual Expense
*Hypodermic Needles/Injections Benefit	100% of URC
*Dental Services	100% of URC
*Early Intervention Services Benefit <i>Not subject to coinsurance, copayment, deductible or other out-of-pocket expense</i>	100% of URC
*Autism Spectrum Disorder Benefit	Same as any other Covered Sickness
*Long Term Antibiotic Therapy for the Treatment of Lyme Disease Benefit	100% of URC
*Craniofacial and Temporomandibular Joint (TMJ) Disorders Benefit	100% of URC
*Cancer Drugs Benefit	100% of URC
*Surgical Removal of Tumors; Treatment of Leukemia; Prosthetic Devices Benefit	100% of URC
*Mammography & Breast Ultrasound Benefit	100% URC
*Prosthetic Devices Benefit	100% of URC

**Benefit Coverage**

*Neuropsychological Testing Benefit	100% of URC
*Epidermolysis Bullosa Treatment Benefit	100% of URC
*Bone Marrow Testing Benefit	100% of URC
*Amino Acid Modified Preparation and Low Protein Modified Food Products Benefit	100% of URC
*Chiropractic Care Benefit	100% of URC
*Pain Management Benefit	100% of URC
*Hearing Aids Benefit	Paid the same as Durable Medical Equipment Benefit
*Experimental Treatment or Drug Benefit	Same as any other Covered Sickness
*Mobile Field Hospital Benefit	Same as any other Covered Sickness
*Accidental Ingestion or Consumption of a Controlled Drug Benefit	Same as any other Covered Sickness
*Telehealth Services Benefit	Same as any other Covered Sickness

***\*Asterisk indicates a state mandated benefit. All mandated state benefits, whether appearing here or not, will be provided per the laws of the state of Connecticut.***

## Accidental Death and Dismemberment

If within 365 days from the date of an Accident covered by the Policy, an Injury from such Accident, results in Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which He/She/They is/are entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

Any benefit payable under this part will be in addition to any benefit otherwise payable under the Policy. This benefit is subject to all of the definitions, limitations, exclusions and other provisions of the Policy.

Principal Sum	\$10,000
Time Period for Loss	365 Days

Loss of:	Benefit: Percentage of Principal Sum
Life	100%
Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand or One Foot and Entire Sight of One Eye	100%
One Hand or One Foot	50%
Entire Sight of One Eye	50%
Thumb and Index Finger of Same Hand	25%

**Loss of a hand or foot** means complete Severance through or above the wrist or ankle joint.

**Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

**Loss of a thumb and index finger** means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

**Severance** means the complete separation and dismemberment of the part from the body.



## Prescription Drug Information

### **Outpatient Prescription Drug Expense Benefit – Participating PMB Pharmacy**

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

### **Prescription Medication must be obtained from a CVS/Caremark pharmacy**

Present your Medical Identification card to the pharmacist, at the time of purchase. The pharmacy will bill TSS directly for your prescription. See the section titled, "How to File a Claim" for information on Prescription Medication Claims. A list of participating pharmacies can be viewed at: [www.totalscholasticsolutions.com](http://www.totalscholasticsolutions.com)

### **Outpatient Prescription Drug Expense Benefit – Non-Participating PBM Pharmacy**

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

### **Prescription Insulin and Medically Necessary Covered Non-insulin Drug**

Prescription insulin drugs and Medically Necessary covered Noninsulin Drugs are paid subject to the benefit amounts shown in the Schedule of Benefits. Present your Medical Identification card to the pharmacist at the time of purchase. **Noninsulin Drug** means a drug, including, but not limited to, a glucagon drug, glucose tablet or glucose gel, that does not contain insulin and is approved by the federal Food and Drug Administration to treat diabetes.

## Description of Benefits

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

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

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

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

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

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

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

**Emergency Room Benefit:** Means a trauma center or special area of a Hospital that is equipped and staffed to give people Emergency Treatment on an Outpatient basis. An Emergency Room is not a clinic or Physician's office.

Services including physician charges and related x-ray/laboratory interpretations will be paid under this benefit.

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

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

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

**Physician Visit Benefit:** Inpatient or Outpatient.

**Consultant Physician Benefit:** Benefits for a consultant or specialist deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis.

**Nursing Services:** Outpatient Charges for nursing services by a Nurse.

**Hypodermic Needles/Injections Benefit:** means hypodermic needles or syringes prescribed by a Physician, for the purpose of administering medications for a covered condition. This does not include immunizations for preventive care.

**Wellness Medical Expense Benefit:** Coverage is limited to the following expenses incurred subject to Exclusions. This benefit is not subject to Deductible or Coinsurance. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage. Covered wellness expenses include: 1. Routine physical examinations: per Plan term which includes, routine physical examination, laboratory tests, x-rays and blood pressure screening; 2. Preventive medical attention includes: annual screening mammogram; an annual cervical screening for women; a gynecological exam for women; sports exams; Immunizations and vaccines; Contraceptive Devices. With respect to Immunizations and vaccines, coverage will include a twenty (20) minute consultation between the Covered Person and the Physician or provider authorized to administer such Immunizations or vaccines to the Covered Person.

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

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

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

**Durable Medical Equipment Expense Benefit:** Includes the purchase or rental of Durable Medical Equipment. In no event shall we pay rental charges in excess of the purchase price. Any rental charges paid will be applied toward the cost of the purchase price if the equipment is purchased at a later date. We do not pay for the replacement of Durable Medical Equipment. **Durable Medical Equipment** includes oxygen and equipment, braces and appliances and medical equipment that: 1) is prescribed by the Physician who documents the necessity for the item including the expected duration of its use; 2) can withstand long-term repeated use without replacement; 3) is not useful in the absence of an Injury or Sickness; and 4) can be used in the home without medical supervision.

**Diagnostic X-Ray Benefit & Laboratory Benefit:** Diagnostic x -ray examinations and services and laboratory testing and services due to a covered loss when prescribed by a Physician.

**CT Scan, PET Scan or MRI Benefit:** Computed axial tomography scan (CT scan), positron emission tomography (PET scan) or magnetic resonance imaging (MRI) diagnostic services due to a Covered Loss, when prescribed by a Physician.

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

**Outpatient Prescription Drug Benefit:** Means a Prescription Drug or medication when prescribed by a Physician on an Outpatient basis. **Prescription Drug** means a drug which: 1) Under Federal law may only be dispensed by written prescription; and 2) Is utilized for the specific purpose approved for general use by the Food and Drug Administration. The Prescription Drug must be dispensed for the Outpatient use by the Covered

Person: 1) On or after the Covered Person's Effective Date; and 2) By a licensed pharmacy provider. Prescription Drugs also include Contraceptive Drugs and Contraceptive Devices.

**Diabetes Treatment Expense Benefit:** Means Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Physician. Such supplies include: blood glucose monitors, blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading, urine test strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices or oral agents for controlling blood sugar, Diabetic Ketoacidosis Devices, including any other Medically Necessary covered Diabetic Devices. We also cover charges for expenses incurred for diabetes self-management education.

Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Physician diagnoses a significant change in the Covered Person's symptoms or conditions which necessitates changes in a patient's self-management or upon determination that reeducation or refresher education is necessary. Diabetes self-management education may be provided by a Physician or the Physician's office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietician, or registered dietician. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits. Diabetic Device means a device, including but not limited to a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device or insulin syringe that is (A) a legend device or non-legend device, and (B) used to cure, diagnose, mitigate, prevent or treat diabetes or low blood sugar. Diabetic Ketoacidosis Device means a device that is (A) a legend or non-legend device, and (B) used to screen for or prevent diabetic ketoacidosis.

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

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

- 1) In the opinion of the Covered Person's attending Physician, the Newborn Infant meets the criteria for medical stability in the latest edition of "Guidelines for Perinatal Care" prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of: a) The antepartum, intrapartum, postpartum course of the mother and Newborn Infant; b) The gestational stage, birth weight, and clinical condition of the Newborn Infant; c) The demonstrated ability of the mother to care for the Newborn Infant after discharge; and d) The availability of post discharge follow up to verify the condition of the Newborn Infant after discharge; and
- 2) One (1) at-home post-delivery care visit is provided to the Covered Person at her residence by a Physician or Nurse performed no later than forty-eight (48) hours following discharge of the Covered Person and her Newborn Infant from the Hospital and an additional follow up within seven (7) days of discharge. Such services will be consistent with protocols and guidelines developed by the attending Physician 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

Coverage for the visits include but are not limited to: a) Parent education; b) Assistance in training in breast or bottle feeding; and c) Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Covered Person or Newborn Infant, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Covered Person's discretion, this visit may occur at the Physician's office.); d) Assessment of the home support system.

**Alcohol and Drug Abuse Expense Benefit:** Benefits will be payable for Inpatient and Outpatient services rendered by a Physician or psychologist; an advanced practice registered nurse; a clinical social worker; a social worker; a licensed marital and family therapist; a licensed alcohol and drug counselor; or a professional counselor. We will pay for such treatment as follows:

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

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

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

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

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

**Mental or Nervous Conditions Expense Benefit:** Benefits will be payable for Inpatient and Outpatient services rendered by a Physician or psychologist; an advanced practice registered nurse; a clinical social worker; a social worker; a licensed marital and family therapist; a licensed alcohol and drug counselor; or a professional counselor. For treatment of a Mental or Nervous Condition as follows:

**Benefits for Inpatient Hospital Confinement:** The confinement must be in a licensed or certified facility, including Hospitals.

**Outpatient treatment of Mental and Nervous Conditions:** The Mental and Nervous Condition must, in the professional judgment of healthcare providers, be treatable, and the treatment must be Medically Necessary. Outpatient treatment and Physician services include charges made by an Outpatient

treatment department of a Hospital, or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other provider as required by law. One visit per day.

**Biologically Based Mental Sickness** means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness. We will pay the covered percentage of the Covered Expenses incurred for treatment of biologically based mental Sickness, including: a) Schizophrenia; b) Schizoaffective disorder; c) bipolar affective disorder; d) major depressive disorder; e) specific obsessive-compulsive disorder; f) delusional disorders; g) obsessive compulsive disorders; h) binge eating, anorexia and bulimia; and i) panic disorder.

Coverage is provided for psychotropic drugs that are the most effective therapeutically indicated pharmaceutical treatment with the least probability of adverse side effects.

Coverage is also provided for Medically Necessary gender reassignment treatment. Covered services include:

- 1) Counseling by qualified mental health professional;
- 2) Hormone therapy, including monitoring of such therapy;
- 3) Gender reassignment surgery; and
- 4) Genital reconstructive surgery.

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

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

**Dental Services:** includes general anesthesia, nursing and related Hospital services provided in conjunction with Inpatient, Outpatient or one (1) day dental services if the following conditions are met: 1) The anesthesia, nursing and related hospital services are deemed Medically Necessary by the treating Dentist and the Covered Person's Physician; 2) The Covered Person is either (a) determined by a Dentist, in conjunction with a Physician who specializes in primary care, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a Hospital, or (b) a Covered Person who has a developmental disability, as determined by a Physician who specializes in primary care, that places the person at serious risk. The expense of such anesthesia, nursing and related hospital services shall be deemed a medical expense under the Policy and shall not be subject to any limits on dental benefits under the Policy.

**Hypodermic Needles/Injections Benefit:** means by reason of a covered Injury or Sickness, the Covered Person is prescribed hypodermic needles or syringes by a Physician, for the purpose of administering medications for a covered condition. This does not include immunizations for preventive care.

**Early Intervention Services Benefit:** means Medically Necessary services for the Covered Person from birth to thirty-six (36) months, including those that turn three (3) years of age on or after May 1st and not later than the first day of the next school year commencing July 1st. These benefits are available for Covered Persons who are not eligible for Connecticut special education and related services. Medically Necessary early intervention services may include but are not limited to: 1) Speech and language therapy; 2) Audiology services; 3) Vision services, including evaluation and assessment of visual functioning, referral for medical or other professional services, and communication skills training, orientation and mobility training, and additional training to activate visual motor abilities. 4) Occupational and Physical Therapy; 5) Nursing services, including assessment of health status for purposes of providing nursing care, provision of actual nursing care, administration of medications, treatments, and regimens prescribed by a Physician; 6) Psychological and social work services, including family training, counseling and home visits. This benefit is not subject to a coinsurance, copayment, deductible or other out-of-pocket expense.

**Autism Spectrum Disorder (ASD) Benefit:** means the diagnosis and Medically necessary treatment of ASD, including care prescribed, provided or ordered for a Covered Person diagnosed with one (1) of the ASDs by a Physician, licensed psychologist or licensed clinical social worker.

**Autism Spectrum Disorder (ASD)** means a pervasive developmental disorder set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", including, but not limited to, Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

Diagnosis includes Medically Necessary assessments, evaluations including neuropsychological evaluations, genetic testing or other tests to diagnose whether a Covered Person has an ASD.

Treatments include: 1) Behavioral Therapy; 2) Prescription drugs, to the extent prescription drugs are a covered benefit for other diseases and conditions under such Policy, prescribed by a licensed physician, licensed Physician assistant or advanced practice registered nurse for the treatment of symptoms and comorbidities of ASD; 3) Direct psychiatric or consultative services provided by a licensed psychiatrist; 4) Direct psychological or consultative services provided by a licensed psychologist; 6) Physical Therapy provided by a licensed physical therapist; 7) Speech and language pathology services provided by a licensed speech and language pathologist; and 8) Occupational therapy provided by a licensed occupational therapist.

**Behavioral Therapy** means any interactive behavioral therapies derived from evidence-based research, including, but not limited to, Applied Behavior Analysis, cognitive behavioral therapy, or other therapies supported by empirical evidence of the effective treatment of individuals diagnosed with an ASD, that are: (1) provided to children less than fifteen (15) years of age; and (2) provided or supervised by (a) a behavior analyst who is certified by the Behavior Analyst Certification Board, (b) a licensed Physician, or (c) a licensed psychologist. For the purposes of this benefit, Behavioral Therapy is "supervised by" such behavior analyst, licensed Physician or licensed psychologist when such supervision entails at least one (1) hour of face-to-face supervision of the Autism Services Provider by such behavior analyst, licensed Physician or licensed psychologist for each ten (10) hours of Behavioral Therapy provided by the supervised provider.

**Applied Behavior Analysis** means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation,

measurement and functional analysis of the relationship between environment and behavior, to produce socially significant improvement in human behavior.

**Autism Services Provider** means any person, entity or group that provides treatment for ASD.

**Long Term Antibiotic Therapy For The Treatment Of Lyme Disease Benefit:** means long-term antibiotic therapy for a Covered Person with Lyme disease and ordered by a Physician after making a thorough evaluation of the Covered Person's symptoms, diagnostic test results or response to treatment. An experimental drug shall be covered as a long-term antibiotic therapy if it is approved for an indication by the United States Food and Drug Administration; provided, however, that a drug, including an experimental drug, shall be covered for an off-label use in the treatment of Lyme disease if the drug has been approved by the United States Food and Drug Administration.

**Craniofacial And Temporomandibular Joint (TMJ) Disorders Benefits:** means Medically Necessary orthodontic processes and appliances for the treatment of craniofacial disorders for Covered Persons 18 years of age and younger. Such processes and appliances must be prescribed by a craniofacial team recognized by the American Cleft Palate-Craniofacial Association. We will also pay benefits for TMJ disorders, both surgical and non-surgical. This benefit excludes cosmetic surgery.

**Cancer Drugs Benefit:** means Prescription Drugs for treatment of certain types of cancer and disabling or life-threatening chronic diseases for which the drug has not been approved by the Food and Drug Administration, if the drug is recognized as being medically appropriate for the treatment of a type of cancer for which it has been prescribed in one (1) of the following established reference compendia: 1) the United States Pharmacopoeia Drug Information; 2) the American Medical Association Drug Evaluations; 3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI).

**Surgical Removal Of Tumors; Treatment Of Leukemia; Prosthetic Devices Benefits:** means surgical removal of tumors and the treatment of leukemia, including Outpatient chemotherapy, reconstructive surgery, costs of non-dental prosthesis including any maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and Outpatient chemotherapy following surgical procedures in connection with the treatment of tumors. Coverage will also be provided for one (1) wig, if prescribed by a Physician for a Covered Person who suffers hair loss as a result of chemotherapy.

We will pay benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a non-diseased breast to produce a symmetrical appearance. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under such policies. For the purposes of this subsection, reconstructive surgery includes, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

**Mammography & Breast Ultrasound Benefit:** means mammographic examination and comprehensive ultrasound screening of an entire breast or breasts if 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; and, magnetic resonance imaging of an entire breast or breasts in accordance with guidelines established by the American Cancer Society.



**Prosthetic Devices Benefit:** means repair or replacement of a Prosthetic Device as determined by the Covered Person's Physician or health care provider, unless such repair or replacement is necessitated by misuse or loss.

For purposes of this benefit, Prosthetic Device means an artificial limb device to replace, in whole or in part, an arm or a leg, including a device that contains a microprocessor if such microprocessor-equipped device is determined by the Covered Person's health care provider to be Medically Necessary. Prosthetic Device does not include a device that is designed exclusively for athletic purposes.

Prosthetic devices are not considered as Durable Medical Equipment under this Policy.

**Neuropsychological Testing Benefit:** means neuropsychological testing for a Covered Person who is diagnosed with cancer when ordered by a Physician to assess the extent of any cognitive or developmental delays in the Covered Person due to chemotherapy or radiation treatment.

**Epidermolysis Bullosa Treatment Benefit:** means wound-care supplies for the treatment of epidermolysis bullosa and are administered under the direction of a Physician.

**Bone Marrow Testing Benefit:** means human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B and DR antigens for utilization in bone marrow transplantation. The testing must be performed in a facility that is: a) accredited by the American Society for Histocompatibility and Immunogenetics, or its successor, and b) certified under the Clinical Laboratory Improvement Act of 1967, 42 USC Section 263a, as amended from time to time. The testing is also limited to individuals who, at the time of such testing, complete and sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program. Coverage to a lifetime maximum benefit of one (1) testing is permitted.

**Amino Acid Modified Preparation And Low Protein Modified Food Products Benefit:** means treatment of inherited metabolic diseases, when prescribed by a Physician.

**Inherited Metabolic Disease** means a disease for which newborn screening is required under section 19a-55; and also includes cystic fibrosis.

**Amino Acid Modified Preparation** means a product intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.

**Low Protein Modified Food Product** means food that is specifically formulated to have less than one (1) gram of protein per serving and is intended to be used under the direction of a Physician for the dietary treatment of an inherited metabolic disease. Low Protein Modified Food Products do not include foods that are naturally low in protein.

**Chiropractic Care Benefit:** means Chiropractic Treatment of an Injury or Sickness performed by a licensed chiropractor. Chiropractic Treatment means manual treatment related to the musculoskeletal system that includes spinal adjustment and other joint and soft-tissue manipulation.

**Pain Management Benefit:** means treatment ordered by a pain management specialist, which may include all means Medically Necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

**Hearing Aids Benefit:** means hearing aid for a Covered Person, when prescribed or recommended by a Physician. Benefits include the related services of fitting, adjustments and supplies, including ear molds when prescribed by a licensed audiologist or hearing instrument specialist. A Covered Person may choose a hearing

aid that is priced higher than the benefit payable under this benefit and pay the difference between the hearing aid and the benefit payable.

**Experimental Treatment Or Drug Benefit:** means the use of any drug as experimental if such procedure, treatment or drug, for the Sickness or condition being treated, or for the diagnosis for which it is being prescribed, has successfully completed a phase III clinical trial of the federal Food and Drug Administration. A Covered Person who has been diagnosed with a condition that creates a life expectancy in that person of less than two (2) years and who has been denied an otherwise covered procedure, treatment or drug on the grounds that it is experimental may request an expedited appeal and may appeal a denial thereof to the Insurance Commissioner.

**Mobile Field Hospital Benefit:** means Medically Necessary isolation care and Emergency services provided by the state's mobile field Hospital.

**Accidental Ingestion or Consumption of a Controlled Drug Benefit:** Expenses for a medical Emergency arising from accidental ingestion or consumption of a Controlled Drug limited to: 1) Inpatient: While confined to a Hospital, up to a maximum of thirty (30) days in a calendar year. 2) Outpatient: Covered as Medically Necessary.

**Controlled Drug** means drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to section 21a-243, as having a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both. Such controlled drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. Specifically excluded are alcohol, nicotine and caffeine.

**Telehealth Services Benefit:** If a Physician provides medical advice, diagnosis, care or treatment, We will pay benefits covered to treat a covered Accident or Sickness by means of for Telehealth, then those services shall be covered to the same extent as if the medical advice, diagnosis, care or treatment had been provided in person, if the services provided are Medically Necessary. Such medical advice, diagnosis, care or treatment shall be administered under the benefit that would apply had the service been received in person. Telehealth Services Benefit means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a Covered Person's physical, oral and mental health, and includes interaction between the insured at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through (A) facsimile, texting or electronic mail, or (B) audio-only telephone unless the Physician or provider is In-Network or the Physician or provider enrolled in the Connecticut medical assistance program providing such health care or other health services to a Connecticut medical assistance program recipient.

## Definitions

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

**Accident** means an unforeseeable and unexpected event which causes Injury to one or more Covered Persons independent of disease or bodily infirmity or any other cause.

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

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

**Covered Accident** means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss for which benefits are payable.

**Covered Expense** means charges:

- a) Not in excess of Usual, Reasonable and Customary charge;
- b) Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- c) Made for medical services and supplies not excluded under the Policy;
- d) Made for services and supplies which are Medically Necessary; and
- e) Made for medical services specifically included in the Schedule.

Covered Expense must be incurred by the Covered Person while the Policy is in force.

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

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

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

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

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

7) Is not a place for drug addicts, alcoholics or the aged.

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

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

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

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

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

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

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

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

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

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

**Medically Necessary** means health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an Injury or Sickness and that are: (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's Injury or Sickness; and (3) not primarily for the convenience of the patient, Physician or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's Injury. For the purposes of this definition, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in Policy issues involving clinical judgment.

**Mental or Nervous Disorder** means mental disorders, as defined in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. This definition does not include mental retardation, learning disorders, motor skills disorders, communication disorders, caffeine-related

disorders, relational problems, and additional conditions that may be a focus of clinical attention, that are not otherwise defined as Mental or Nervous Disorders in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. May also be known as a **Mental or Nervous Condition**.

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

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

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

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

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

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

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

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

## Exclusions

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

1. War or any act of war, declared or undeclared;
2. Charges which are in excess of Usual, Reasonable and Customary charges, if applicable;
3. Charges that are not Medically Necessary;
4. Charges provided at no cost to the Covered Person;
5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes, unless specifically covered by Policy;

6. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (unless specifically covered by the Policy), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a) While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - b) While being used for any test or experimental purpose; or
  - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d) While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
  - e) A space-craft or any craft designed for navigation above or beyond the earth's atmosphere. Except as a fare paying passenger on a regularly scheduled commercial airline.
8. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column, unless specifically covered by Policy;
9. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
10. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
11. Eyeglasses, contact lenses, or examinations for prescriptions;
12. Rest cures or Custodial Care;
13. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident;
14. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
15. Voluntary, active Participation in a Riot or insurrection; **"Participation"** means promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but does not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including, but not limited to, police officers and firefighters. **"Riot"** means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or consequence of such disorder;
16. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.

## Non-Insurance Assistance Services

Non-insurance Assistance services are provided by TSS Assist and not affiliated with the insurance provided by United States Fire Insurance Company. An outline of the assistance services appears below.

### Medical Emergency Services

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

### Legal Assistance

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

### Travel Assistance

- Help with lost passports, tickets and documents

### TSS Assist

- U.S.: 1 (800) 730-2417
- E-mail for emergencies to [assist@tssassist.com](mailto:assist@tssassist.com)

## Claim Procedures for Accident and Sickness Benefits

In the event of Accident or Sickness, students should:

1. Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to the nearest Physician or Hospital.
2. Provide the ID card to the Physician or at the Hospital.
3. If there is an Injury or Accident, submit a Medical Accident Questionnaire to TSS.
4. In the event the provider does not submit the claim, secure a Company claim form from the Student Health Services or from the address below, fill out the form completely, attach all medical and hospital bills and statements and submit via one of the options below.
5. File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

### Submit all Claims or Inquiries to:

#### Total Scholastic Solutions

**Mail:** TSS Administrative Services  
PO Box 211008  
Eagan, MN 55121  
USA

**Web:** [www.totalscholasticsolutions.com](http://www.totalscholasticsolutions.com)  
**E-mail:** [claimsassist@tssassist.com](mailto:claimsassist@tssassist.com)  
**Fax:** 1-949-271-2330

## **Pre-Notification**

TSS Assist should be notified of all Hospital Confinements prior to admission.

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS: The patient, Physician or Hospital should telephone 1-800-730-2417 at least five working days prior to the planned admission.

2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-800-730-2417 within two working days of the admission to provide notification of any admission due to Medical Emergency.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the Policy and no penalties will be applied; however, pre-notification is not a guarantee that benefits will be paid.

## **Medical and Prescription Medication Claims**

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

## **How You Can Reach Us**

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

Within the United States or Canada: 1-800-730-2417

Email: [assist@tssassist.com](mailto:assist@tssassist.com)

Website: [www.totalscholasticsolutions.com](http://www.totalscholasticsolutions.com)

If you have questions, or in the event you remain dissatisfied and wish to make a complaint, you can do so by contacting the Plan Administrator at:

Clifford Allen Associates, Ltd.  
PO Box 23615  
Hilton Head Island, SC 29925  
(888) 342-2224  
[info@shipsignup.com](mailto:info@shipsignup.com)

## **Plan Underwriting Information**

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

**This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and in some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA.**



## **Complaints**

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at 888-342-2224.

## **THIS IS LIMITED BENEFIT COVERAGE. READ THE POLICY CAREFULLY. THE POLICY IS NOT RENEWABLE.**

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

This is a brief description of coverage provided under form number BA-51000-P-CT, and is subject to the terms, conditions, limitations and exclusions of the Policy. Please see the Policy and certificate for complete details. Coverage may vary or may not be available in all states. Insurance is underwritten by United States Fire Insurance Company, with its principal place of business at 5 Christopher Way, Eatontown NJ.

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

## **Data Protection**

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely.

Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above.

Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.