

BLANKET ACCIDENT AND HEALTH PLAN

Designed for the students of:



NEUMANN
UNIVERSITY

CATHOLIC EDUCATION IN THE FRANCISCAN TRADITION

One Neumann Drive
Aston, PA 19014

PLEASE NOTE: *Students with other medical insurance are also eligible for this insurance and should consider this opportunity to obtain this low cost coverage. It is an ideal supplement and will help protect against medical expense not fully covered by other insurance.*

2011-2012

Policy # 11200672

Please keep this outline of coverage for future reference.

INTRODUCTION

The following are the essential provisions of this plan. The master policy is held by the College and is underwritten by Market Insurance Company.

ELIGIBILITY

All students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished.

REFUND PROVISION

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

TERM OF COVERAGE

The policy for the current year becomes effective on 08/16/2011 at 12:01 a.m. and expires on 08/16/2012 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

WAIVER/ENROLLMENT DEADLINE

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out this plan is 10/1/2011.

ANNUAL COST

| | |
|----------------|---------|
| Student..... | \$568 |
| Spouse | \$1,477 |
| Dependent..... | \$852 |

DEFINITIONS

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight

resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or on call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full wing.

Injury means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

Insured means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

Loss means medical Expense caused by Injury or Sickness and covered by the Policy.

Medically Necessary means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: a) consistent with the symptoms or diagnosis; b) appropriate and accepted according to good medical practice standards; c) not primarily for the convenience of the Insured person, Physician or other providers; and d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Sickness means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

Usual and Customary Expense means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us or Our means Markel Insurance Company.

You, Your or Yours means the Insured.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases, on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to nine months after the expiration date. This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

SECTION I

BASIC ACCIDENT & SICKNESS BENEFITS

When You suffer a Loss from Injury or Sickness, We will pay the Expense incurred up to an aggregate maximum benefit of \$3,000. Benefits are allocated as follows:

Hospital Room and Board Expense: When Your Injury or Sickness requires Hospital confinement, We will pay the Hospital room and board Expense, not to exceed \$200. per day. An intensive care room will be covered when medically necessary.

Hospital Miscellaneous Expense: We will pay the Expenses incurred by You during a Hospital confinement for services provided by a Hospital, up to a maximum of \$800. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When Injury or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile, subject to the maximum surgical benefit of \$1,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum benefit of \$250.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Injury or Sickness requires the services of a Physician, We will pay the Expense for such services, up to \$50. per day, up to a maximum of \$600 per cause.

Consultant or Specialist Expense: When Your Injury or Sickness requires the services of a consultant or specialist, as requested by the attending Physician, We will pay the Expense up to a maximum of \$50.

Outpatient Physician Fees Expense: When Your Injury or Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum of \$75 per visit to a maximum of \$750. per cause. This also includes the Expense for nervous and mental services.

Annual Physical Examination: We will pay the Expense for one annual routine visit up to a maximum of \$100.

Ambulance Expense: When Your Injury or Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum of \$200.

Outpatient Diagnostic X-Ray and Laboratory Expense: When Your Injury or Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan or laboratory services, under the Physician's direction, We will pay the Expense up to a \$600 maximum. \$800 maximum for blood born pathogens.

Hospital Outpatient Expense: When Your Injury or Sickness requires the use of outpatient facilities for day surgery, an emergency room, radiation therapy, chemotherapy, testing and injections under the Physician's direction, We will pay the Expense up to a maximum of \$800.

Sickness Dental Expense: When Your Sickness requires

treatment for impacted wisdom teeth, We will pay the Expense.

Accident Dental Expense: When Your Injury requires treatment, We will pay the Expense.

Outpatient Prescribed Medicines Expense: When Your Injury or Sickness requires prescribed medicines, We will pay the Expense up to a maximum of \$150.

SECTION II

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are insured under the policy. Also, the Loss must take place within 52 weeks after the Accident.

The following table shows the amounts We will pay:

| FOR LOSS OF: | AMOUNT: |
|--|----------------|
| Life..... | \$1,000 |
| Both hands or both feet or sight of both eyes..... | \$1,000 |
| One hand and one foot..... | \$1,000 |
| One hand and sight of one eye | \$1,000 |
| One foot and sight of one eye..... | \$1,000 |
| One hand or one foot or sight of one eye | \$500 |

The most We will pay for all Losses to an Insured as the result of one Accident is \$1,000.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

SECTION III

SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a maximum of \$10,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge. This does not include coverage for Injury resulting from a motor vehicle accident.

MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Minimum Maternity Stay Expense: We will pay the Expense for: 1) inpatient stay of 48 hours after a normal delivery; and 2) inpatient stay of 96 hours after a cesarean section. A shorter length of stay may be provided, but only if the treating or attending Physician determines that the mother and newborn meet medical criteria for safe discharge contained within guidelines developed by or in cooperation with treating Physicians. We shall provide coverage for at least one home health care visit within 48 hours after discharge occurs prior to the times listed in 1 and 2 above.

Mammography Expense: We will pay the Expense for mammographic examinations. The minimum coverage shall include all costs associated with a mammogram every year for women 40 years of age or older and with any mammogram based on a Physician's recommendation for women under 40 years of age.

Cervical Cancer Screening Expense: We will pay the Expense for annual gynecological examination, including a pelvic examination and clinical breast examination and routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

Breast Reconstruction Surgery Expense: We will pay the Expense for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician. Reconstructive surgery shall also include prosthetic devices incident to any mastectomy. The coverage for prosthetic devices inserted during reconstructive surgery will be limited to such surgical procedures performed within six years of the date of mastectomy. "Reconstructive surgery" means a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating Physician, to reestablish symmetry between the two or alleviate functional impairment caused by the mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. "Prosthetic Devices" means the use of initial and subsequent artificial devices to replace the removed breast or portions thereof, pursuant to an order of the patient's Physician.

PKU Formula Expense: We will pay the Expense for coverage of formulas that are equivalent to a prescription drug Medically Necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Physician.

Diabetes Supplies and Education Expense: We will pay the Expense for diabetes equipment, supplies, and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes, if prescribed by a health care professional legally authorized to prescribe such items under the law. Equipment and supplies shall include the following: a) blood glucose monitors; b) monitor supplies; c) insulin; d) injection aids; e) syringes; f) insulin infusion devices; g) pharmacological agents for controlling blood sugar; h) orthotics. Diabetes outpatient self-management training and education shall be provided under the supervision of a health care professional with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall include: 2) visits Medically Necessary upon the diagnosis of diabetes; b) visits under circumstances whereby a Physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and c) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as Medically by a Licensed Physician.

Well Child Care Expense: We will pay the Expense for well-child care as follows: a) routine nursery care for a newborn child; and b) Medically Necessary child immunizations, up to 150% of the average wholesale price of the immunizing agent, which are provided in accordance with the current schedule of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP). Such immunization charges will be exempt from any Deductible amount applicable under the policy.

Minimum Mastectomy Stay Expense: We will pay the Expense for a mastectomy as follows: a) not less than 48 hours of inpatient care; b) a home health care visit that the treating Physician determines necessary within 48 hours after discharge when the discharge occurs within 48 hours following admission for the mastectomy.

Alcohol and Drug Abuse and Dependency Expense: We will pay the Expense for services for inpatient alcohol and drug detoxification services which are provided in: a) a licensed Hospital; b) a licensed psychiatric Hospital; c) a free standing treatment facility; d) a health care facility which has a written agreement with a Hospital for emergency, medical and

psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications which shall be established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. The following services shall be covered under inpatient detoxification: 1) lodging and dietary services; 2) Physician, nurse, certified addictions counselor and trained staff services; 3) diagnostic x-ray; 4) psychiatric, psychological and medical laboratory testing; and 5) drugs medicines, equipment use and supplies. Treatment may be limited to four admissions for detoxification and reimbursement per admission may be limited to seven days of treatment.

Non-Hospital residential alcohol or other drug services: a) coverage shall be provided in a facility which meets minimum standards for client-to-staff ratios and staff qualifications which shall be established by the Office of Drug and Alcohol Programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must verify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for appropriate treatment; and b) the following services shall be covered under non-Hospital residential alcohol or other drug services: 1) lodging and dietary services; 2) Physician, psychologist, nurse, certified addictions counselor and trained staff services; 3) rehabilitation therapy and counseling; 4) family counseling and intervention; 5) psychiatric, psychological and medical laboratory tests; and 6) drugs, medicine, equipment use and supplies. Treatment may be limited to a minimum of 30 days per year for residential care.

Outpatient alcohol or other drug services: a) coverage shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the insured as a person suffering from alcohol or other drug abuse or dependency and refer the insured the insured for the appropriate treatment; and b) the following services shall be covered under outpatient alcohol or other drug services: 1) Physician, psychologist, nurse, certified addictions counselor and trained staff services; 2) rehabilitation therapy and counseling; 3) family counseling and intervention; 4) psychiatric, psychologist and medical laboratory test; and 5) drugs, medicines, equipment use and supplies. Treatment may be for a minimum of 30 outpatient, full-session visits or equivalent partial visits per year. In addition, treatment under this section shall be covered for a minimum of 30 separate sessions of outpatient or partial hospitalization services per year, which may be exchanged on a two-to-one basis to secure up to 15 additional non-hospital residential alcohol treatment days.

“Alcohol or drug abuse: means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment is social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal. “Drugs” shall be defined as addictive

drugs and drugs of abuse listed as scheduled drugs in the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."

COORDINATION OF BENEFITS

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses. When a claim is made, other valid and collectible group insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible group insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible group insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state government, or agencies thereof. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

Conformity with State Statutes

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Any Expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital, or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescriptions, therefor; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care; elective surgery and elective treatment; services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection

or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children

- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication pregnancy;
- Treatment or supplies for the newborn infant except that required for treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;
- Skydiving; recreational parachuting; hang gliding; glider flying; parasailing; sail planing; bungee jumping; or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- Injury resulting from the practice or play of intercollegiate sports; or
- Injury resulting from a motor vehicle accident in excess of \$250.

Claim Procedure

To file a claim under the Accident and Health Plan, the student should:

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our website [www. MarkelAH.com](http://www.MarkelAH.com).
2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number even if the charges are for a spouse or dependent.
3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

OPTIONAL INCREASED SUPPLEMENTAL LIMIT

Eligibility: This benefit is optional. Students who elect to purchase this option must have purchased the basic plan as well.

Term of Coverage: Students who elect to purchase the Increased Supplemental Limit must submit the enrollment form and additional premium to Markel Insurance Company with a postmark date prior to the University's effective date of coverage, August 16, 2011.

Increased Supplemental Limit: Coverage is available to registered, students who elect to purchase it. The additional premium for this coverage is noted on the enrollment form.

If the covered medical expense for an Injury or Sickness exceed the maximum paid under the basic Accident or Sickness benefit of \$3,000. Policy Number 11200672 and the basic supplemental benefit of \$10,000, payment will be made for 80% of the remaining covered Accident or Sickness Expenses and will not exceed \$237,000.

The combined maximums under the basic plan and Increased Supplemental Limit will not exceed \$250,000.

The total benefits payable for all policy terms for which You are enrolled for the increased Supplemental Limit will not exceed \$250,000 for any one Accident or Sickness.

Covered medical Expenses under this coverage will be the same as covered medical Expenses under the basic policy. All other terms and conditions of the basic policy will apply to this coverage as well.

Provisions relating to coverage for Pre-existing Conditions will apply to the Increased Supplemental Limit Benefit separately from the basic policy.

INCREASED SUPPLEMENTAL LIMIT ENROLLMENT FORM

2011 - 2012

School Name: **Neumann University** Student Name: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Student ID #: _____

Premium enclosed: \$659. for students age 25 and under (annual) \$439. for students age 25 and under (spring, new students only)

\$992. for students over 25 (annual) \$661. for students over 25 (spring, new students only)

Make check or money order payable to:

Niagara National, Inc.

Mail to:

**Niagara National, Inc.
5001 Genesee Street
Buffalo, NY 14225**

I hereby certify that as the full-time student applicant named above, the information contained on this enrollment form is true. I understand that the effective date of this coverage under the Increased Supplemental Limit is the same as under my basic plan.

Student Signature: _____ Date: _____

IMPORTANT: Injury resulting from the practice or play of intercollegiate sports is excluded from this plan.

Emergency Travel Assistance Services Provided through Assist America

Medical Services:

As an active participant in the Neumann University Student Health Insurance program, you now have access to emergency assistance services when you are traveling 100 miles away from your campus address or outside your country of residence. You can access the Assist America assistance services 24 hours a day, 365 days a year during your policy effective period. Assist America provides a wide array of services to assist you in the event of an emergency. Some of the many services include:

Medical Consultation and Evaluation - Your call to the Assist America Operations Center will be handled by medical personnel who will refer you to qualified doctors and medical facilities.

Medical Monitoring - Assist America's medical personnel will stay in regular communication with your attending physician and relay information to you and your family.

Emergency Medical Evacuation - Should adequate medical facilities not be available locally, Assist America will evacuate you to the nearest medical facility capable of providing you with appropriate care.

Foreign Hospital Admission Guarantee - Assist America will assist you in gaining access to emergency medical care by validating your health insurance coverage.

Medically Supervised Repatriation - If you require medical assistance upon being discharged from the hospital, Assist America will make arrangements to get you back to your permanent address or campus location.

Prescription Assistance - If you are traveling and require prescription medication, Assist America will help you fill that prescription.

Emergency Trauma Counseling - Assist America will provide online telephonic counseling for emergency situations while traveling.

Personal Assistance Services include:

General travel information - Assist America will provide you with pertinent travel information such as passport and visa requirements, country-specific cultural information and travel advisories.

Transport of a family member - if you are injured while traveling and will be in the hospital for more than 7 days, Assist America will arrange and pay for economy transportation for a family member or friend to join you.

Legal Assistance - Assist America will refer you to legal counsel in the event you have been arrested or detained. Assist America will also notify the consulate/embassy.

Lost Documents/Lost Luggage and Translation assistance - Assist America will assist you in replacing lost documents such as passports and will assist in the tracking of lost luggage. Additionally, Assist America provides telephonic translation assistance.

Return of Mortal Remains - Assist America will render every possible assistance in the event of death while traveling. This service includes locating a sending funeral home to prepare the remains for transport, procuring required documentation and the necessary shipping container.

One thing to remember: All services must be coordinated through and provided by the experts at Assist America Services, Inc.

Frequently Asked Questions

Who do I call in an emergency away from campus?

If you have an emergency while traveling at least 100 miles from campus, call Assist America as soon as possible by dialing 1-800-872-1414.

How do I find a qualified medical provider when I am traveling?

You can call Assist America any time day or night to speak to a medical professional and receive information on medical providers in your travel location.

Will I receive a separate ID card for the travel services?

Yes. Once you enroll in a student health insurance plan that includes these benefits, you will receive an Assist America member card. The card may be used for services in the United States (anytime you are 100 miles or more from your campus address) or in any other country. Always carry the card with you when you travel. The 24-hour help-line telephone number is printed on the card.

Do I have to call Assist America before I leave on a trip?

If you will be traveling for more than one semester, please contact Assist America to receive valuable pre-trip and extended travel information. Also, remember to take your Assist America card with you and call if you need medical advice or assistance.

If I have an accident or illness, and the hospital or I arrange all necessary transportation, will Assist America reimburse me for the expenses involved?

No. Assist America is a service provider, not an insurance company; therefore Assist America must make the

arrangements for all services. Assist America cannot reimburse participants for any assistance expenses nor arranged and provided by Assist America.

What if the foreign hospital refuses to accept my insurance and requires me to pay in full at the time of services?

You will need to pay the provider and then file a claim for foreign medical assistance with the Markel Student Insurance Plan. If you do not have the funds available to pay the hospital, Assist America can help you make financial arrangements with the provider. The source of the funds is your responsibility.

Will Assist America transport a family member or friend to be at my side?

Yes, if an eligible participant is traveling alone and it seems likely that they will be hospitalized for more than seven days, Assist America will transport a family member or friend to that location.

What happens when I'm ready to be discharged but I still need assistance?

If you still need assistance at the point of discharge from the hospital, Assist America will arrange for you to come home with a medical/non-medical escort.

I don't travel internationally--what's the benefit of this service to me?

Assist America will help you with any medical situation if you are 100 miles or more from your campus address--this can mean your weekend trip home or your vacation plans. If you become ill or have an accident while traveling, you may not know how to access care, but with Assist America, you can call 24 hours a day, 365 days a year for assistance and advice.

Why is it important to use your emergency assistance services?

By calling Assist America immediately, you can receive services before your medical condition become serious. Also, Assist America can protect you in the event of an emergency by getting you to appropriate medical care there may not be good local medical facilities.

Do I have to purchase my school's student health insurance plan to receive travel assistance services?

Yes, however you may be able to enroll in the plan individually. To find out if your school offers emergency assistance services outside of the Student Health Insurance plan:

Call Niagara National, Inc. at: 1-800-444-5530.

"Assist America is a registered trademark of Assist America, Inc. ®"

Markel Privacy Practices

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at:

Phone (800) 431-1270 or www.MarkelAH.com.

The Plan is Underwritten by:



**MARKEL INSURANCE COMPANY
GLEN ALLEN, VIRGINIA 23060**

The Plan is administered by:



5001 Genesee Street, Buffalo, New York 14225
716.684.6000 800.444.5530 f 716.684.6285

niagaranational.com EMAIL: nninfo@niagaranational.com



Mail claims to:

Co-ordinated Benefit Plans
A Markel Business Partner
PO Box 24322
Tampa, FL 33623-4322

Telephone number 877-794-6908

Fax number 727-499-7884

Email claims to: claims@cbpinsure.com

IMPORTANT

THIS OUTLINE OF COVERAGE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS.

A COPY OF THE MASTER POLICY IS ON FILE AT THE INSTITUTION.