2015 - 2016
STUDENT
INJURY AND
SICKNESS
INSURANCE
PLAN

Designed Especially for the Students of

CARLETON COLLEGE

One North College St. Northfield, MN 55057

Effective Date: August 15, 2015 to August 15, 2016

Policy Number: 2015U2A00
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TO ALL STUDENTS OF CARLETON COLLEGE

Carleton College requires that all students enrolled at the College have health insurance coverage. An unexpected or expected illness or injury can result in heavy financial burdens for a student and his/her family. This burden added to the high cost of education may force a student to withdraw from school. Knowing this, Carleton College offers a Student Accident and Sickness Insurance Plan designed to meet students insurance needs and to enhance retention of students following an illness or injury.

This brochure is a brief description of the Plan. The exact provisions governing the insurance are contained in the Master Policy issued to Carleton College and may be viewed at the school during regular business hours. This Plan is underwritten by Companion Life Insurance Company, and serviced by Collegiate Insurance Resources. Claims are processed by Commercial Travelers.

We suggest that you retain this brochure so you will have a ready reference to the benefits of the Plan. Any provisions of this Plan which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is to conform to the minimum requirements of such statutes.

STUDENT ELIGIBILITY AND ENROLLMENT

All full-time students attending Carleton College must participate in this Student Accident and Sickness Insurance Plan unless proof of alternate coverage is furnished. Students who have not provided proof of alternate coverage through the waiver process will be automatically enrolled in the Student Health Insurance Plan. Waiver and enrollment must be submitted online by August 15, 2015 at ww.cirstudenthealth.com/carleton.

Previously Covered Students and their Dependents must re-enroll within 30 days from the start of the period of coverage in order to avoid a break in coverage.

Students must actively attend classes for 31 consecutive class days following the date of enrollment in this insurance program. Home study and auditing scholars do not qualify as a student for the purposes of purchasing insurance coverage.

DEPENDENT ELIGIBILITY

Covered Students may also purchase Dependent coverage. Dependent includes the Covered Student’s spouse or the Covered Student’s dependent child under 26 years of age. A dependent child includes a natural child, adopted child, foster child, step child or child who the insured has legal custody or guardianship of. Coverage for newborn and adopted children will consist of coverage for covered Injury or covered Sickness including the necessary care and treatment of medically diagnosed congenital defects, prematurity, well born care, birth abnormalities, and routine nursery care related with a covered Sickness. We cover the newborn child from the moment of birth, or any minor child placed with a Covered Student for adoption from the moment the child is placed in the physical custody of the Covered Student for adoption for the first 31 days. After the first 31 days applicable premium payment is required in order to continue coverage.

POLICY TERM

The insurance under Carleton College’s Student Accident and Sickness Insurance Plan is effective 12:01 a.m. on August 15, 2015. An eligible student’s coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. Coverage under the Policy terminates at 12:01 a.m. on August 15, 2016 or at the end of the period through which the premiums are paid.

PREMIUM RATES

Student Accident and Sickness Insurance Plan

August 15, 2015 to August 15, 2016

Student Only..........................................................$1,046.00
Spouse Only...........................................................$2,334.00
Each Child.............................................................$1,316.00

Administrative fee included.

PREMIUM REFUND POLICY

In the event the insured student withdraws from school or reduces his/her semester hours to less than 6, within the first 30 days of the semester, we will refund any premiums paid for the student and any covered Dependents. A pro-data refund of premium will be made only in the event:
1. The Covered Person enters full-time active duty in any Armed Forces; and

2. We receive proof of such active duty service.

Requests should be made to the Plan Manager, Collegiate Insurance Resources at 1-800-322-9901. Premium received by the Company is fully earned upon receipt. No other requests for a refund of premium will be considered.

DEFINITIONS

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Covered Person” means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medically Necessary” means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it:

1. is investigational, experimental or for research purposes;

2. is provided solely for the convenience of the patient, the patient’s family Doctor, Hospital or any other provider:

3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;

4. could have been omitted without adversely affecting the person’s condition or the quality of medical care; or

5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.

“Doctor”: means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate.

It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

“Covered Sickness” means Sickness, disease or trauma related disorder due to Injury which:

1. causes a loss while the policy is in force; and

2. which results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

“Usual and Customary Charge” means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

DESCRIPTION OF BENEFITS

The Covered Person is responsible for a $100 deductible Per Policy Year.

OUT-OF-POCKET MAXIMUM

After the Out-of Pocket Maximum has been reached as shown in the Accident and Sickness Medical Expense Benefit section (see page 7), benefits will be paid at 100% of the Preferred Allowance (In-Network) or 100% of U&C (Out-of-Network). The Out-of-Pocket limit is the most you could pay during the Policy Year for your share of the cost of covered services. This limit helps you plan for health care expenses. The Out-of Pocket Expense Limit is shown in the Schedule of Benefits. Services that are not Covered Medical Expenses do not count toward meeting the Out-of-Pocket Maximum.
ENROLLMENT PERIOD

Late enrollment, after an open enrollment period has ended, is only considered if a change has occurred in your insurance status regarding coverage that was in-force during the open enrollment period. Late enrollment must be completed within 30 days of the termination of other coverage. Contact Collegiate Insurance Resources for the cost and forms.

ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT

If as the result of Injury or Sickness, a Covered Person incurs covered medical expenses, We will pay 80% of the negotiated charges (Preferred Allowance) for Network Providers and 60% of the Usual & Customary Expense for Non-Network Providers.

Plan Maximum: Unlimited Per Policy Year.

Deductible: $100 Per Covered Person Per Policy Year.

Out-of-Pocket Maximum: $6,350 Per Policy Year (individual coverage), $12,700 Per Policy Year (family coverage).

After the Out-of-Pocket Maximum has been reached, benefits will be paid at 100% of the Preferred Allowance (In-Network) or 100% of U&C (Out-of-Network) up to the Plan Maximum.

The Out-of-Pocket limit is the most you could pay during the Policy Year for your share of the cost of covered services.

This limit helps you plan for health care expenses. Benefits will be paid as stated above unless otherwise noted below.

ESSENTIAL HEALTH BENEFIT

The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within the categories: Ambulatory patient services; Emergency services, Hospitalization, Maternity and newborn care; Mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric services, including oral and vision care. Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such change. Please refer to www.CIRStudentHealth.com/Carleton for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Covered Inpatient Expenses:</th>
<th>PPO Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board – a) daily semi-private room rate when confined in a Hospital as an Inpatient; and b) general nursing care provided and charged for by the Hospital.</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Hospital Miscellaneous</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Surgery</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Anesthetist &amp; Assistant Surgeon Fees</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Doctor’s Visit – limited to one visit per day and does not apply when related to surgery</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Emergency Room Care – Medical Emergency only, subject to a $250 copayment per visit, waived if admitted as an Inpatient</td>
<td>80% Preferred Allowance</td>
<td>80% U&amp;C</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorders</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Doctor’s Visits-Does not apply when related to surgery or physiotherapy</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Day Surgery including day surgery miscellaneous expenses</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
</tbody>
</table>
### Covered Outpatient Expenses:

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>PPO Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthetist &amp; Assistant Surgeon Fees</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Physiotherapy/ Occupational Therapy</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Rehabilitative and Habilitative Therapy</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Chiropractor care – limited to one visit per day</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Diagnostic X-ray and Laboratory Procedures</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Disorders</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Radiation Therapy and Chemotherapy</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Hospice – by a licensed agency/provider for terminally ill patients with life expectancy of 6 months or less</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Home Health Care to a maximum of 120 visits per policy year. Other limitations apply.</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
</tbody>
</table>

### Other Covered Expenses:

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>PPO Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>100% Preferred Allowance</td>
<td>100% Preferred Allowance</td>
</tr>
<tr>
<td>Consulting Doctor Fees – When requested and approved by the attending Doctor.</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Maternity (including Birthing Center services)</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Complications of Pregnancy</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Routine newborn care</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Other Covered Expenses:</td>
<td>PPO Provider</td>
<td>Out-of-Network Provider</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td>Preventive Services Benefit – includes preventive services such as screenings, exams and immunizations as specified by the Patient Protection and Affordable Care Act (PPACA) To view a list of covered preventive services, log onto <a href="http://www.healthcare.gov">www.healthcare.gov</a>. Such services will be paid 100% at the Student Health Center, Homeland and Northfield Clinics and In-Network, or 60% U&amp;C Outof-Network.</td>
<td>100% Preferred Allowance, no Deductible or Copayment</td>
<td>60% U&amp;C, not subject to Deductible</td>
</tr>
<tr>
<td>Pediatric Dental Services (as required by the Patient Protection and Affordable Care Act of 2010) for Covered Persons under the age of 19 years. Pediatric Dental Service benefit pays for the following: • Preventive Services - including exams and cleanings (two per year), fluoride treatments and sealants to age 16; • Basic Services - including fillings, x-rays, oral surgery and simple extractions; • Major Services - including endodontics, periodontics, crowns, bridges and dentures; • Orthodontia.</td>
<td>100% of U&amp;C for preventive; 50% of U&amp;C for all other covered services</td>
<td></td>
</tr>
<tr>
<td>Pediatric Vision Service benefit pays for one vision examination per Policy Year, and related materials and supplies.</td>
<td>100% of U&amp;C for preventive, 80% of U &amp;C for all other covered services</td>
<td></td>
</tr>
<tr>
<td>Other Covered Expenses:</td>
<td>PPO Provider</td>
<td>Out-of-Network Provider</td>
</tr>
<tr>
<td>Sports Accident Expense incurred as the result of practice or play of intercollegiate or club sports. The deductible will be waived if a student first uses the Student Health and Counseling (SHAC).</td>
<td>Same as any other covered Injury; 100% of U&amp;C up to $500, then 80% of U&amp;C to $90,000.</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs: Prescriptions not filled at a Catamaran participating pharmacy are not covered.</td>
<td>100% of U&amp;C Subject to a $15 copay for each generic prescription drug, a $40 copay for each brand name prescription drug and $75 for single source.</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing up to 120 days per admission</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Repatriation of Remains</td>
<td>Paid by On Call International as a third-party service (not insured under this Policy)</td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Evacuation</td>
<td>Paid by On Call International as a third-party service (not insured under this Policy)</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid Expense - one per affected ear every 3 years</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Routine Eye Exam (adult)</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Consultant Physician Services when requested by the attending Doctor</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Accidental Dental Injury</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>State Mandated Accident and Sickness Medical Expense Benefits:</td>
<td>PPO Provider</td>
<td>Out-of-Network Provider</td>
</tr>
<tr>
<td>Diabetes – Includes all Medically Necessary equipment, supplies, medications, labs and outpatient self-management training and educational services.</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>State Mandated Accident and Sickness Medical Expense Benefits:</td>
<td>PPO Provider</td>
<td>Out-of-Network Provider</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Dental Anesthesia and Facility – Facility charges and general anesthesia services performed in connection with dental services for dependent children with special needs as specified in the Policy.</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Lyme Disease Treatment Benefit</td>
<td>Paid as any other condition</td>
<td>Paid as any other condition</td>
</tr>
<tr>
<td>Phenylketonuria Treatment Expense Benefit</td>
<td>Paid as any other condition</td>
<td>Paid as any other condition</td>
</tr>
<tr>
<td>Scalp Hair Prostheses Expense Benefit</td>
<td>Paid as any other condition</td>
<td>Paid as any other condition</td>
</tr>
<tr>
<td>Coverage for Services to Ventilator Dependent Persons</td>
<td>80% Preferred Allowance</td>
<td>60% U&amp;C</td>
</tr>
<tr>
<td>Temporomandibular Joint / Craniomandibular Disorder Expense Benefit</td>
<td>Paid as any other condition</td>
<td>Paid as any other condition</td>
</tr>
<tr>
<td>Off-label Drugs for Cancer Treatment</td>
<td>Paid as any other Prescription Drug</td>
<td>Paid as any other Prescription Drug</td>
</tr>
<tr>
<td>Non-formulary Anitpsychotic drugs</td>
<td>Paid as any other Prescription Drug</td>
<td>Paid as any other Prescription Drug</td>
</tr>
<tr>
<td>Cleft Lip &amp; Cleft Palate Treatment</td>
<td>Paid as any other condition</td>
<td>Paid as any other condition</td>
</tr>
<tr>
<td>Ovarian Cancer Screening</td>
<td>Paid as any other condition</td>
<td>Paid as any other condition</td>
</tr>
<tr>
<td>Reconstructive Surgery - see benefit for limitation</td>
<td>Paid as any other surgery</td>
<td>Paid as any other surgery</td>
</tr>
<tr>
<td>Cosmetic Surgery due to complications from breast implants</td>
<td>Paid as any other surgery</td>
<td>Paid as any other surgery</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE ABOUT YOUR BENEFITS**

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at: www.cirstudenthealth.com/carleton and the Glossary of Terms available at www.cciio.cms.gov, or you may request a copy by calling 800-322-9901.

**PREFERRED PROVIDER NETWORK**

This student health insurance plan provides access to hospitals and health care providers through the **Preferred One Network**. You are not required to use a Network Provider. However, the advantage to using a Network Provider is that Network Providers have agreed to accept as payment for their services a negotiated fee or Preferred Allowance.

Non-Network Providers have not agreed to a Preferred Allowance and consequently your out-of-pocket costs may be greater. Students should be aware that Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital means that those charges will not be paid at the Network Provider level of benefits. It is important that the Insured Student verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service.

The most efficient and accurate way to identify Network Providers is to call Preferred One toll-free at 1-800-997-1750 or 763-847-4013 (TTY, for Hearing Impaired), or search providers on their website at https://www.preferredone.com/provider-search.

**PRESCRIPTION DRUG EXPENSE BENEFIT**

After a copayment of $15 for generic or $40 for a preferred brand name drug and $75 for Brand Drugs, per prescription, the cost of eligible prescription drugs is payable in full. Birth Control is included with $0 copay for generic contraceptives. Prescriptions must be filled at a Catamaran Participating...
Pharmacy. Insured Persons will be given an insurance ID card which includes prescription drug information and should be shown to the Pharmacy as proof of coverage. A directory of participating pharmacies is available by calling Catamaran at 800-248-1062.

After you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-248-1062). This number is effective for enrolled members only. You can access Catamaran online at www.mycatamaranrx.com.

ACCIDENTAL DEATH AND DISMEMBERMENT EXPENSE BENEFIT

If, within 365 days of an Accident covered under this Policy, bodily Injury results in any of the following losses, the Company will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, the Company will pay only the one largest amount to which the Covered Person is entitled.

Table of Benefits:
Life.............................................................................$1,000
Two hands...................................................................$1,000
Two feet......................................................................$1,000
Sight of two 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 one eye...................................$500
Loss of hand or foot means complete Severance through or above the wrist or ankle joint.
Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.
“Severance” means the complete separation and dismemberment of the part from the body.

This benefit will be payable in addition to any other benefit payable under this Policy, subject to all the terms and conditions of this Policy.

EXCLUSIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

The Policy does not provide coverage for loss caused by or resulting from:
1. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. Suicide, or any attempt thereat or self-inflicted Injuries while sane;
3. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, or as specifically provided under the Pediatric Dental and Vision benefit, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems;
4. Skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, except as specifically provided; nasal or sinus surgery;
5. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
   a. a covered Injury that occurred while the Covered Person was insured;
   b. a covered child’s congenital defect or anomaly; or
   c. as specifically provided for in the Policy.
6. Injuries arising out of:
   a. playing or participating in an interscholastic, intercollegiate, or professional sport, contest or competition;
   b. traveling to or from such sport, contest or competition as a participant; or
   c. participation in any practice or conditioning program for such sport, contest, or competition; except as otherwise provided by the policy.
7. Expenses incurred for birth control drugs, procedures, supplies or devices, including oral contraceptives used for birth control, except as provided under the Preventive Services benefit. Drugs and medications for the treatment of impotence and/or sexual dysfunction;
8. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving
conception; premarital examinations. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person’s reproductive ability; impotence organic or otherwise.

9. Expenses incurred in connection with voluntary sterilization, except as specifically provided for women under the Preventive Services benefit, or sterilization reversal, vasectomy or vasectomy reversal and sexual reassignment;

10. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit an assault, felony, or participation in a riot or insurrection, engaging in an illegal occupation;

11. Expenses incurred for Injury or Sickness for which benefits are paid or payable under any Worker’s Compensation or Occupational Disease Law or Act, or similar legislation.

12. Treatment, services, supplies, in a Veteran’s Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment.

13. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to sound natural caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit or as specifically provided under the Pediatric Dental and Vision benefit;

14. Expenses incurred for acupuncture;

15. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, conceptual handicap, developmental delay or disorder, or mental retardation;

16. Elective Surgery or Elective Treatment as defined by the Policy;

17. Foot care including: flat foot conditions, supportive devices for the foot, subluxations, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, week feet, foot strain, and symptomatic complaints of the feet, except those related to diabetic care;

18. Hearing examinations or hearing aids; or other treatment for hearing defects or problems. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;

19. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;

20. Hirsutism, alopecia;

21. Weight management, weight reduction, treatment for obesity, surgery for the removal of excess skin or fat, or nutrition programs, except as related to treatment for diabetes.

22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy.

COORDINATION OF BENEFITS (COB)

This provision applies to persons covered by the Policy and one or more other medical or dental plans. This Plan is excess to any other plan of medical or dental insurance the Covered Person may have.

No benefit is payable for any Covered Expense incurred, which is paid or payable by any other valid and collectible insurance. Covered Expenses does not include any amount not covered by the primary carrier due to penalties for failure to comply with policy provisions or requirements.

This provision will not apply to the first $100.00 of incurred Covered Expense.

RIGHT OF REIMBURSEMENT

If a Covered Person incurs expenses for Sickness or Injury that occurred due to the negligence of a third party: (a) We have the right to reimbursement for all benefits we have paid from any and all damages collected from the third party for those same expenses whether by action at law, settlement or compromise by the Covered person, Covered Person’s parents, if the Covered Person is a minor, or Covered Person’s legal representative as a result of that Sickness or Injury, and (b) We are assigned the right to recover from the third party, or his or her insurer, to the extent of the benefits paid for that Sickness or Injury.

We shall have the right to reimbursement out of all funds that the Covered Person, the Covered person’s parents, if
the Covered Person is a minor, or the Covered Person’s legal representative, is or was able to obtain for the same expenses we have paid as a result of that Sickness or Injury.

The Covered Person or the Covered Person’s parents if the Covered Person is a minor is required to furnish any information or assistance or provide any documents that we may reasonably require in order to obtain our rights under this provision. This provision applies whether the third party admits liability or not.

**APPEALS PROCEDURE**

If a claim is wholly or partially denied, a written notice or a message on the Explanation of Benefits (EOB) will be sent to the Covered Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of any additional information, which might be necessary for reconsideration of the claim.

**CLAIM PROCEDURES**

In the event of an Injury or Sickness the Covered Person should:

1. If at Carleton College, report immediately to the Student Health and Counseling (SHAC) so that proper treatment can be prescribed or referred; or

2. If away from Carleton College, or if the Student Health and Counseling (SHAC) is closed, consult a Doctor and follow his/her advice.

3. Notify Commercial Travelers within 30 days after the date of the Injury or commencement of the Sickness or as soon thereafter as is reasonably possible.

4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Commercial Travelers at the address on the back cover.

The following services are not part of the Plan Underwritten by Companion Life Insurance Company. These value added services are provided by On Call International Assistance Program.

**ON CALL INTERNATIONAL GLOBAL ASSISTANCE PROGRAM**

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States, or when you are traveling.

The following emergency services are included*:

**Emergency Medical Evacuation and Repatriation** If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

**Return of Remains** In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.
Return of Dependent Children If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of $5,000.

Visit by Family / Friend If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to $200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of $5,000.

*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

Additional Medical and Travel Assistance
If there are third party costs associated with the following services, On Call will notify you and you will responsible for the costs:

• Pre-Trip Information
• Referral to the nearest, most appropriate medical facility, and/or provider.
• Medical monitoring by board certified emergency physicians in the United States
• Guarantee of Payment to provider and assistance in coordinating insurance benefits
• Prescription Replacement Assistance or Dispatch of Medicine if not available locally
• Emergency Message Forwarding to family, friends, personal physician, school etc
• Emergency Travel Arrangements for disrupted travel
• Legal Consultation and Referral
• Interpreter Assistance and Referral
• Lost Luggage Assistance
• Lost/Stolen Travel Documents Assistance

24 Hour Nurse Helpline
Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Member’s ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada: 1-855-226-7915
Collect Worldwide: 1-603-952-2045
Email: mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.

For a copy of the Company’s Privacy Notice, go to:

www.commercialtravelers.com/privacy.html

or

Request one from the Health Center at your school

or

Request one from:
Commercial Travelers Mutual Insurance Company
c/o Privacy Officer • 70 Genesee Street • Utica, NY 13502
(Please indicate the school you attend with your written request.)

Representations of this plan must be approved by the Company.
IMPORTANT NUMBERS

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

GENERAL INSURANCE QUESTIONS

3070 Riverside Drive, Columbus, OH 43221
Toll Free Phone.................................800-322-9901
Website.............................www.cirstudenthealth.com/carleton

DIRECT CONTACT INFORMATION

PARTICIPATING PROVIDERS

PreferredOne
Phone.........................................................800-997-1750
Website........................................www.preferredone.com

PARTICIPATING PHARMACIES

For pharmacy locations after you receive the ID Card:
(Number is effective for enrolled members only.)

Phone.........................................................800-248-1062
Website........................................www.mycatamaranrx.com

CLAIM ADMINISTRATOR

Claim and benefit questions/online claim status.
Commercial Travelers
College Claims Dept.,
70 Genesee St.
Utica, NY 13502 Payor ID 88091
Phone.....................................................800-756-3702
Website........................................www.studentplanscenter.com

On Call International

Toll-Free..............................855-226-7915
Collect..............................603-952-2045
Website..........................www.oncallinternational.com

THE PLAN IS UNDERWRITTEN BY

Companion Life Insurance Company
Policy Number: 2015U2A00
as Policy Form No:BSHP-POL et al

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