

15. any expenses in excess of Usual and Reasonable charges.
16. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
17. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
18. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intramural or club sports.
19. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sports;
20. intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane;
21. treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
22. expenses payable under any prior Policy which was in force for the person making the claim.
23. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
24. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
25. charges incurred for heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
26. expenses for weight increase or reduction except Medically Necessary bariatric surgery, and hair growth or removal unless otherwise specifically covered under the policy.
27. expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury or as specifically covered under the Policy.
28. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles).
29. expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery. a) For the purposes of this provision, reconstructive surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. b) For the purposes of this provision, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
30. treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints and facial region. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits or to services specifically covered under the Policy.
31. an Insured Person's: a) committing or attempting to commit a felony, b) being engaged in an illegal occupation, or c) participation in a riot.
32. elective abortions in excess of the amount shown in the Schedule of Benefits.
33. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
34. custodial care service and supplies.

Claim Procedure

In the event of Accident or Sickness, the student should:

1. If at the College, report immediately to Edward Waters Health and Wellness Services so that proper treatment can be prescribed or approved.
2. If away from the College, you will receive the maximum benefits from your medical insurance plan by seeking treatment from an in network provider.
3. Secure a claim form from the Local Broker's website: www.collegiaterisk.com/schools/ewc.aspx.
4. Complete the form.
5. Submit the claim form, complete with bills and receipts, to the Claims Administrator:
Commercial Travelers Mutual Insurance Company
70 Genesee Street • Utica, NY 13502 • **1-800-756-3702**
6. **All in-network prescriptions must be filled at a RESTAT Participating Pharmacy. Present your ID card to the pharmacist when purchasing your prescription. If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon receipt of a completed prescription drug claim form. Claim forms can be found on line at www.restat.com.**
7. Submit only one claim form for each Accident or Sickness.

Appeal Procedure

If an Insured Person wishes to appeal an Adverse Determination based on a claim decision, contact the Claims Administrator either orally or in writing: Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee St., Utica, NY 13502. Toll free: 800-756-3702.

Refund of Premium

Refund of unearned premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who: a) Withdraws from School during his/her first semester; and b) Returns to his/her Home Country.

A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

Cost

Premium	Annual (12/31/14 – 8/12/15)
Student*	\$1,359

*Includes an administrative fee.

Claims Administered by:

Commercial Travelers Mutual Insurance Company
70 Genesee St. • Utica, NY 13502 • 1-800-756-3702

For Summary of Benefits & Coverage, Brochures, Forms & Claim Information go to:

www.collegiaterisk.com

For a copy of the Company's Privacy Notice, go to:
commercialtravelers.com/privacy

or Request one from the Servicing Agent, American Management Advisors, Inc. or Request one from:
Commercial Travelers Mutual Insurance Company
c/o Privacy Officer • 70 Genesee St. • Utica, NY 13502
(Please indicate the school you attend with your written request.)

Service Representative:

American Management Advisors, Inc.
P.O. Box 366 • Langhorne, PA 19047
1-888-533-7654

Local Broker:

Collegiate Risk Management
1-800-922-3420

Provider Network:

First Health • 1-800-226-5116

To Find a Provider Log onto www.firstthehealth.com

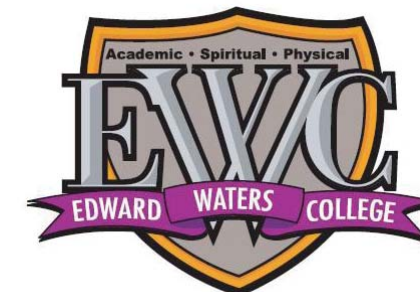
Click on Locate a Provider,

Click on Locate a First Health Network Provider.

Complete the information regarding type of Doctor, Zip, etc and hit enter

Representations of this plan must be approved by the Company.

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.



2014

Student Health Insurance

Policy #: 2014A2A01

Effective: 12/31/14–8/12/15

Fully Insured and Underwritten by:

National Guardian Life Insurance Company
Madison, WI

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

as policy form # NBH-280(2014) FL

14-A2A01(Bro.)

Edward Waters College 2014

Student Health Insurance Plan

Eligibility Requirements for Students

All full-time students at Edward Waters College taking a minimum of 9 credit hours, and International students in F-1 or J-1 non-immigrant status in all programs, are automatically enrolled in the Edward Waters Student Medical Insurance Plan unless they return the Insurance Waiver Form and show proof of comparable insurance coverage prior to the waiver deadline established by the College. (The Federal Visa regulations require International students to maintain comparable health insurance throughout their stay in the United States.)

In order to be eligible to enroll as a covered student, an individual must be an eligible student. An eligible student must meet each of the following requirements:

1. Is one of the following types of students:
 - a. a full-time student taking a minimum of 9 credit hours;
 - b. an International student in F-1 or J-1 non-immigrant status in any program.

Eligibility Requirements for Dependent(s)

Dependents are not eligible to enroll in the Student Medical Plan.

Effective and Termination Dates of Coverage

Students: Coverage for all insured students will become effective at 12:01 a.m. on December 31, 2014, or upon arrival for duly authorized College activities, and will terminate at 12:01 a.m. on August 12, 2015.

Definitions

Covered Injury means a bodily injury that is: 1) Sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and 2) Caused by an accident directly and independently of all other causes. Coverage under the School's policies must have remained continuously in force: 1) From the date of Injury; and 2) Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under the Policy.

Covered Medical Expense means those charges for any treatment, service or supplies that are: 1) Not in excess of the Usual and Reasonable charges therefore; 2) Not in excess of the charges that would have been made in the absence of this insurance; and 3) Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

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.

SCHEDULE OF BENEFITS

We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to Covered Injury, Covered Sickness, or Covered Preventive Services. Benefits payable are subject to any specified benefit maximum amounts, deductibles, coinsurance or copayments. Deductible (Annual)..... \$0
Benefit Period Policy Year
Medical Maximum Unlimited
Out-of-Pocket Maximum \$6,850/Individual; \$12,700/Family
Coinsurance Non-Network: 50% of Usual & Reasonable Network: 80% of PPO Allowance

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
INPATIENT BENEFITS	
Hospital Room & Board Expenses	The Coinsurance Amount shown above.
Hospital Intensive Care Unit Expense	The Coinsurance Amount shown above
Hospital Miscellaneous Expenses	The Coinsurance Amount shown above
Preadmission Testing	The Coinsurance Amount shown above
Physician's Visits while Confined	The Coinsurance Amount shown above
Inpatient Surgery including Surgeon Services and Anesthetist	The Coinsurance Amount shown above
Assistant Surgeon	20% of the benefit payable for Surgeon
Registered Nurse Services	The Coinsurance Amount shown above
Physical Therapy (inpatient)	The Coinsurance Amount shown above
Nervous, Mental or Emotional Disorders Treatment	The Coinsurance Amount shown above
Skilled Nursing Facility Expense	The Coinsurance Amount shown above for up to 60 days per Benefit Period
OUTPATIENT BENEFITS	
Outpatient Surgery including Surgeon Services and Anesthetist	The Coinsurance Amount shown above
Assistant Surgeon	20% of the benefit payable for Surgeon
Outpatient Surgery Miscellaneous	The Coinsurance Amount shown above
Rehabilitation Therapy (outpatient), including physical, occupational, and manipulative therapy	Network: 100% of PPO Allowance; subject to a \$25 Co-pay. Non-Network: The Coinsurance Amount shown above.
Chiropractic Care	The Coinsurance Amount shown above subject to a maximum number of 26 visits per Benefit Period
Emergency Services Expenses Subject to a \$500 Copay for ER (waived if admitted)	Network: 80% of PPO Allowance Non-Network: 80% of U&R; subject to a \$50 Copay for Urgent Care Center

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
In Office Physician's, including licensed registered nurses and licensed physician's assistant's Fees	Network: 100% of PPO Allowance; subject to a \$25 Copay. Non-Network: The Coinsurance Amount shown above per visit
Diagnostic X-ray Services	The Coinsurance Amount shown above
Laboratory Procedures (Outpatient)	The Coinsurance Amount shown above
Shots and Injections (other than preventative services)	The Coinsurance Amount shown above
Prescription Drugs (Rx card)	Network: 100% of U&R subject to Generic Copay \$10.00; subject to Preferred Brand Copay \$50.00; subject to Brand Copay \$75.00
Nervous, Mental or Emotional Disorders Treatment	Network: 100% of PPO Allowance. Non-Network: 50% of U&R
Outpatient Miscellaneous Expense	The Coinsurance Amount shown above
Home Health Care Expenses	The Coinsurance Amount shown above up to 40 visits per Benefit Period
Hospice Care Coverage	The Coinsurance Amount shown above
Preventative Services* (Deductible not applicable)	Network: 100% of Usual and Reasonable; Non-Network: The Coinsurance Amount shown above
OTHER BENEFITS	
Ambulance Service	100% of U&R
Braces and Appliances	The Coinsurance Amount shown above
Durable Medical Equipment	The Coinsurance Amount shown above
Maternity Benefit	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness
Consultant Physician Services – when requested by the attending physician	Network: 100% of PPO Allowance; subject to a \$25 Co-pay. Non-Network: The Coinsurance Amount shown above.
Sports Accident Expense incurred as the result of the play or practice of Intercollegiate Sports	The Coinsurance Amount shown above
Accidental Injury Dental Treatment for Insured Person's over age 18	The Coinsurance Amount shown above
Medical Treatment Received in Home Country (International Students and/or their Dependents Only)	No Benefit

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE
Medical Evacuation Expense	U&R, not to exceed \$10,000.00 per evacuation
Repatriation Expense	U&R, not to exceed \$10,000.00

*Please visit www.healthcare.gov/what-are-my-preventive-care-benefits for more information.

Essential Health Benefits

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.studentplanscenter.com for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

Coverage for Mandated Benefits

Your Student Health Insurance Plan includes, but is not limited to, benefits for the following coverages as mandated by the state of Florida: Diabetes Treatment Benefit; Dental Condition Benefit; Child Health Supervision Services; Ambulatory Surgical Center Service Benefit; Cleft Lip & Palate Benefit; Jaw and Facial Surgery Benefit; Mastectomy, Reconstructive Surgery, and Prosthetic Benefit; Pediatric Dental Care Benefit; and Pediatric Vision Care Benefit. See the Policy on file at the College for benefit amounts if you need to file a claim under one of these benefits. If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

Coordination of Benefits

The Policy contains a coordination of benefits provision. It will coordinate benefits with any other valid and collectible insurance a student may have, including HMO's and PPO's.

Exclusions and Limitations

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Policy and as shown in the Schedule of Benefits.

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

1. **International Students Only** - expenses incurred within Your Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
2. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
3. well baby care other than as shown in the Schedule of Benefits or under Child health Supervision Services.
4. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
5. dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to Sound, Natural Teeth or as specifically covered under the Policy.
6. professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
7. services or supplies not necessary for the medical care of Your Injury or Sickness.
8. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as specifically covered under the Policy.
9. weak, strained or flat feet, corns, calluses or ingrown toenails.
10. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
11. treatment or removal of nonmalignant moles warts, boils, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form. hallus valgus repair. varicosity. or sleep disorders including the testing for same.
12. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
13. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
14. treatment of Nervous, Mental or Emotional Disorders or treatment of alcoholism or drug addiction except as specifically provided for in the Schedule of Benefits.