

STUDENT INSURANCE PROGRAM SUMMARY



UNIVERSITY OF RICHMOND

FOR GRADUATE AND UNDERGRADUATE STUDENTS

Effective August 19, 2008 to August 19, 2009

Underwritten by:

Security Mutual Life Insurance Company of New York
Binghamton, NY

as Policy form SMLBH-280(Rev. 04) (VA)

This brochure provides a description of the Student Insurance Plan.
For a copy of the Certificate of Insurance go to:

www.studentplanscenter.com

COVERAGE

The plan protects insured students and their insured dependents on and off the campus, at home or while traveling, 24 hours per day for the 12 month term of the Policy. Coverage, up to the policy limits, will be continuous, provided the eligible person purchased continuous coverage in the University of Richmond Student Health Plan. Coverage is not automatically renewed. Eligible persons must reenroll when coverage terminates to maintain coverage.

SCHEDULE OF BENEFITS

Aggregate Maximum Benefit	\$100,000 per Covered Injury or Sickness
Deductible	\$100 per Covered Injury or Sickness
Inpatient Benefits	
Hospital Room & Board Expenses (not to exceed semi-private room daily rate)	\$3,000 1 st day, then, \$1,500.00 per day thereafter
Hospital Intensive Care Unit Expense—in lieu of normal Room & Board Expense	Paid under Hospital Room & Board
Hospital Miscellaneous Expenses	Paid under Hospital Room & Board
Physician's Fees	Paid under Hospital Room & Board
Surgical Expenses	Maximum of \$5,000
Surgeon	80% of U&R
Anesthetist	25% of Surgery Benefit
Assistant Surgeon	20% of Surgery Benefit
Registered Nurse Expense for private duty nursing while confined	Paid under Hospital Room & Board
Outpatient Benefits	
Surgical Expenses	Maximum of \$3,500
Surgeon	80% of U&R
Anesthetist	25% of Surgery Benefit
Assistant Surgeon	20% of Surgery Benefit
Outpatient Surgery Miscellaneous	80% of U&R \$1,500
Miscellaneous Outpatient Expense	80% of U&R up to \$4,000
Physician's Fees	Paid under Miscellaneous Outpatient Expense
Physical Therapy	Paid under Miscellaneous Outpatient Expense Limited 10 visits
Laboratory Procedures	Paid under Miscellaneous Outpatient Expense
Diagnostic X-ray Services	Paid under Miscellaneous Outpatient Expense
Radiation Therapy	Paid under Miscellaneous Outpatient Expense
Chemotherapy	Paid under Miscellaneous Outpatient Expense
Other Benefits	
Maternity	Same as any other sickness
Ambulance/Transportation	80% of U&R
Durable Medical Equipment	80% of U&R Maximum \$1,500
Prescription Drugs	50% of U&R Maximum \$1,000
Consultant Physician Services	Paid under Miscellaneous Outpatient Expense
Accidental Injury Dental Treatment	\$250 per Tooth, Maximum \$1,000
Medical Evacuation Expense	Up to \$10,000
Repatriation Expense	Up to \$7,500
Abortion Expense	50% of U&R Maximum \$500

Introduction: This is a brief description of the Accident and Sickness Insurance Plan available for University of Richmond students. The plan is underwritten by Security Mutual Life Insurance Company of New York. The exact provisions governing this insurance are contained in the Master Policy issued to the University. The Certificate may be viewed at www.studentplanscenter.com. The Master Policy will control in the event of any conflict with this brochure.

All graduate and undergraduate students of the University of Richmond enrolled in more than 2 academic units are eligible for the Accident & Sickness Insurance Plan described in this brochure. Dependents may also be covered.

Dependents' Coverage: An insured student's spouse, and each unmarried child from date of birth to the 19th birthday, are eligible for benefits of the Student Insurance Plan upon application and payment of additional premium. Coverage of a newborn child of the insured is effective from moment of birth, for adopted children from time of placement, and for Handicapped Children who are incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent upon the Insured Student for support and maintenance. Coverage includes necessary care and treatment of medically diagnosed congenital defects and birth abnormalities if the student and spouse or student and dependent children are insured. Coverage does not include payment for routine nursing care, well baby care, medical tests or examinations, etc., not incident to treatment of injury or sickness as defined in the Policy. Additional premium for newborn child must be received by the Insurance Company within 31 days after date of birth in order for coverage to continue beyond such 31 day period. Obtain application and other information from the Student Health Center or agent.

EFFECTIVE & TERMINATION DATES

Insurance becomes effective August 19, 2008 or on the date the application form with correct premium payment is received by the Agent, whichever is later. Coverage for NEW students registering for the Second semester is effective January 10, 2009, or date application and premium are received, if later, and coverage for all insureds terminates August 19, 2009. All time periods begin and end at 12:01 a.m., local time, at the address of the policyholder.

Should an insured student withdraw from the University, the insurance shall remain in effect until the termination date of the Policy. No return of premium will be made except upon entrance into military service, when the insurance will automatically terminate and pro rate refund of premium will be made upon request to the insurer.

Extension of Benefits: Coverage under the Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows:

1. If an Insured Person is Hospital confined or receiving treatment for a Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to a minimum of 31 days from the Termination Date while such confinement or treatment continues.
2. If an Insured Person is Totally Disabled due to a Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to three months from the Termination Date.

Mandated Benefits: The following benefits are mandated coverages in the State of Virginia. Unless specified otherwise, all such coverage will be subject to any deductible, copayment and coinsurance conditions of the Policy as well as all other terms and conditions applicable to any other Covered Injury or Sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests, Mastectomy Coverages; Breast Cancer Transplant; Treatment of Hemophilia; Early Intervention Services; Clinical Trial Costs for Cancer Treatment Studies; Hysterectomy Coverage; Diabetes Equipment, Supplies and Service; Off-Label Drug Treatments for Cancer or a Covered Indication; General Anesthesia and Hospitalization for Dental Care for Certain Insureds; Routine and Necessary Immunizations for Newborn Children; Infant Hearing Screening Coverage; Hospice Care Coverage; Treatment of Lymphedema Coverage; Treatment Involving Bones & Joints Coverage; and Mental Health and Substance Abuse Benefits; Treatment of Biologically Based Mental Illness.

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 the Policy and as shown in the Schedule of Benefits. 1) International Students Only -expenses incurred within the Insured Person's Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits; 2) preventive medicines, serums or vaccines of any kind; 3) routine physical or other examinations where there are no objective indications of impairment of normal health; 4) medical services rendered by provider employed by 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 appliances, except as specified for accidental Injury to the Insured Person's teeth and as mandated by Virginia statutes for certain individuals; 6) professional services rendered by an Immediate Family Member or anyone who lives with the Insured Person; 7) services or supplies not necessary for the medical care of the Insured Person's 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; 9) weak, strained or flat feet, corns, calluses or ingrown toenails; 10) diagnostic or surgical procedures in connection with infertility; 11) birth control, including elective surgical procedures or devices, except as provided in the Schedule of Benefits; 12) expenses covered under any Workers' Compensation, occupational benefits plan, public assistance program or government plan, except Medicaid; 13) charges of an institution, health service or infirmary or services provided Student Health Fee for whose services payment is not required in the absence of insurance or services provided by Student Health fees paid by the Insured Student; 14) treatment of mental illness, including the treatment of alcoholism or drug addiction except as required by the State of Virginia; 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; 18) loss resulting from playing, practicing, traveling to or from, participating in or conditioning for, any intercollegiate, or professional sports; 19) intentionally self-inflicted Injury, attempted suicide including drug overdose or suicide, while sane or insane; 20) 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; 21) services that are duplicated when provided by both a certified nurse-midwife and a Physician; 22) expenses payable under any prior Policy which was in force for the person making the claim; 23) Injury sustained as the result of the Insured Person's operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place; 24) expenses incurred after: a) The date insurance terminates as to the Insured Person; b) The Aggregate Lifetime Maximum Benefit for each Covered Injury or Sickness has been attained; and c) The end of the Benefit Period; 25) elective surgery or treatment; 26) charges incurred for acupuncture, physical therapy, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits; 27) charges incurred as the result of organ transplants; 28) 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; 29) 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), or any other hazardous sport or hobby; 30) expenses incurred for services or supplies that are experimental or investigative in nature; 31) expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery. For the purposes of this provision, **reconstructive surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. **Cosmetic surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance; 32) an Insured's: a) committing or attempting to commit a felony, b) being engaged in an illegal occupation, or c) participation in a riot; 33) the Insured's use of alcohol or drugs unless taken on the advice of a Physician; 34) elective voluntary therapeutic abortions in excess of the amount shown in the Schedule of Benefits; 35) allergy testing or treatment; 36) braces and appliances, except as provided in the Schedule of Benefits; 37) congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage; 38) custodial care, service and supplies; 39) expenses that are not recommended and approved by a Physician; 40) driving under the use of alcohol or any drugs or chemical substance that is not taken on the advice of a Physician; 41) routine newborn infant care and related Physician charges unless specifically provided in the Schedule of Benefits; 42) physician's charges for diagnosis and treatment of structural imbalance, distorting or subluxation in vertebral column or elsewhere in body by manual, mechanical means, through muscular-skeletal adjustments, manipulations, and related modalities; and 43) expenses that are payable by Other Valid and Collectible group insurance or group payment plan.

Preexisting Condition Limitation, The Policy does not cover Preexisting Conditions for the twelve months following effective date of an Insured Person's coverage. However, We will waive this Limitation for an Insured who:

1. Has been Continuously Insured, as defined in the Policy, for at least 12 consecutive months under one or more student insurance policies issued to the Policyholder; or
2. Can provide satisfactory evidence of prior Creditable Coverage, as defined in the Policy. To qualify for this waiver, an Insured or his or her insured Dependent must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days. c) His or her most recent coverage must meet the definition of Creditable Coverage as defined in the Policy.

Nonduplication of Benefits Provision, We will not duplicate benefits for expenses covered by any Other Valid and Collectible medical, health or accident insurance or prepayment plan. Our liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by Other Valid and Collectible insurance on an expense incurred or provision of service basis. Benefits payable under the Policy will be excess and secondary to such other coverage.

CLAIM PROCEDURE

In the event of injury or illness, the Student should:

1. Report at once to the Student Health Service, or when not in school, to the nearest doctor or hospital.
2. Secure a Company claim form from the Student Health Service, Agent, or www.commercialtravelers.com, or from the address below, fill in the necessary information, attach all medical and hospital bills and mail to the Claims Administrator:

COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

70 Genesee St. • Utica, NY 13502 • 1-800-756-3702

To check the status of a claim, go to: www.studentplanscenter.com

CLAIM FORMS MUST BE SUBMITTED WITHIN 90 DAYS OF INJURY OR FIRST DATE OF SICKNESS

Represented by:
Raymond C. Jones, Jr. CLU • 6403 Thrasher Way • Mechanicsville, VA 23111 • (804) 730-1727

Claims Administered by:
Commercial Travelers Mutual Insurance Company • 70 Genesee St. • Utica, NY 13502 • (800) 756-3702

For a copy of the Company's or Claims Administrator's privacy notice you may:
 go to www.commercialtravelers.com/privacy.html or **Request one from the Health office at your school**
 or **Request one from:** Commercial Travelers Mutual Insurance Company
 c/o Privacy Officer • 70 Genesee Street • Utica, NY 13502
(Please indicate the school you attend with your written request.)

UNIVERSITY OF RICHMOND STUDENT HEALTH PLAN ENROLLMENT FORM

Name _____ Telephone (____) _____
 (First) (Middle Initial) (Last)
 Address _____
 Street City State Zip
 Expected Date of Graduation _____ Date of Birth _____ Age _____ Sex Male Female
 Social Security No. _____ Student ID No. _____

PREMIUM RATES— Check Premium Amount for Coverage Period Applied For:

Rates for Ages 23 and Under			Rates for Ages 24 thru 34			
	For the period *8/19/08–8/19/09	For the period 1/10/09–8/19/09	For the period 5/11/09–8/19/09	For the period *8/19/08–8/19/09	For the period 1/10/09–8/19/09	For the period 5/11/09–8/19/09
Student	<input type="checkbox"/> \$ 990.00	<input type="checkbox"/> \$ 742.00	<input type="checkbox"/> \$297.00	Student	<input type="checkbox"/> \$2,200.00	<input type="checkbox"/> \$ 660.00
Spouse	<input type="checkbox"/> \$2,559.00	<input type="checkbox"/> \$1,920.00	<input type="checkbox"/> \$768.00	Spouse	<input type="checkbox"/> \$4,310.00	<input type="checkbox"/> \$1,293.00
Each Child	<input type="checkbox"/> \$1,560.00	<input type="checkbox"/> \$1,170.00	<input type="checkbox"/> \$468.00	Each Child	<input type="checkbox"/> \$1,560.00	<input type="checkbox"/> \$ 468.00

Rates for Ages 35 and Above			
	For the period *8/19/08–8/19/09	For the period 1/10/09–8/19/09	For the period 5/11/09–8/19/09
Student	<input type="checkbox"/> \$2,975.00	<input type="checkbox"/> \$2,231.00	<input type="checkbox"/> \$ 892.00
Spouse	<input type="checkbox"/> \$5,758.00	<input type="checkbox"/> \$4,318.00	<input type="checkbox"/> \$1,727.00
Each Child	<input type="checkbox"/> \$1,560.00	<input type="checkbox"/> \$1,170.00	<input type="checkbox"/> \$ 468.00

Mail completed enrollment form and check to
Ray Jones & Associates
 6403 Thrasher Way,
 Mechanicsville,
 VA 23111

*For annual coverage only, you may pay half of the premium now, and be billed at the address on the enrollment form for the second half in February of 2009.
 List Dependents below.—Rate for spouse determined by spouse age.

Date _____ Signature _____
 EF-J1A04 (Student, Parent or Guardian)

APPLICATION FOR DEPENDENTS' COVERAGE

I hereby apply for the following members of my family:

Name	Relationship	Social Security No.	Date of Birth

Eligible dependents shall include student's spouse and each unmarried child from date of birth to the 19th birthday.

Make check payable to **Ray Jones & Associates.**

Your cancelled check is your receipt. Coverage will be effective August 19, 2008 or the date application is received, whichever is later.