

PART A. BASIC MEDICAL EXPENSE BENEFITS

Benefits will be paid up to the Maximum Benefit for covered expenses as scheduled below provided that treatment is received by a qualified, licensed **Doctor**.

	<u>Each Injury</u>	<u>Each Sickness</u>
Maximum Benefit	\$5,000	\$5,000
Deductible	\$25 applied to out-patient expenses for each injury	.As designated below
Covered Medical Expenses:		
Hospital Room & Board (including general nursing care)	Semi-Private Room Rate	Semi-Private Room Rate \$200 aggregate maximum per day
Hospital In-patient Miscellaneous (including the cost of pre-admission testing, the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies)	Usual, Reasonable & Customary	\$500 maximum
Day Surgery Miscellaneous (including the cost of operating room; laboratory tests, x-ray examinations, anesthesia; drugs or medicines, and supplies)	Usual, Reasonable & Customary	\$500 maximum
Surgeon (No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	Usual, Reasonable & Customary	.80% of Usual, Reasonable & Customary .Charges / \$1,400 maximum
Assistant Surgeon	Usual, Reasonable & Customary	.Paid under Surgery Benefit
Anesthetist	Usual, Reasonable & Customary	.Paid under Surgery Benefit
Doctor's Visits (benefits are limited to one visit per day. Benefits do not apply when related to surgery)	Usual, Reasonable & Customary	.Inpatient: \$35 per visit .Outpatient: \$35 per visit beginning with the second visit/10 visits maximum
Consultant Doctor Fees (when requested and approved by the attending Doctor)	Usual, Reasonable & Customary	\$.50 maximum
Physiotherapy (out-patient)	Usual, Reasonable & Customary	.Paid under Doctor's Visits
Registered Nurse's Services (private duty nursing care)	Usual, Reasonable & Customary	.Paid under Room & Board Benefit
Emergency Room	Usual, Reasonable & Customary	\$.150 maximum (\$.25 Deductible will be applied to each use of the Emergency Room)
Ambulance	Usual, Reasonable & Customary	\$.150 maximum
X-Ray & Laboratory (Out-Patient)	Usual, Reasonable & Customary	\$.150 maximum
Tests & Procedures (Out-Patient - diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physiotherapy, x-rays and lab procedures)	Usual, Reasonable & Customary	.Paid under X-Ray & Laboratory
Braces & Appliances	Usual, Reasonable & Customary	.No Benefit
Prescription Drugs (Out-patient)	Usual, Reasonable & Customary	.80% of URC/\$300 maximum
Mental or Nervous Disorders	No Benefit	.See Mental or Nervous Disorder Benefit Section
Dental Treatment (made necessary by Injury to Sound, Natural Teeth)	Usual, Reasonable & Customary	.No Benefit
Maternity & Complications of Pregnancy	No Benefit	.Paid as any other Sickness
Substance Abuse	No Benefit	.Paid under Mental or Nervous Disorders

PART B. MAJOR MEDICAL EXPENSE BENEFITS

Maximum Benefit	\$20,000	\$20,000
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The Major Medical Benefit begins payment after \$5,000 of covered Basic Medical Expenses (listed above) have been paid for each Injury or each Sickness. The Company will pay 100% of Usual, Reasonable & Customary Charges of additional incurred covered Medical Expenses in excess of \$5,000 up to an additional \$20,000 for each Injury or each Sickness. In no event shall the total combined benefits for a single Injury or Sickness (either in a policy year or through continuing years of coverage with Fairmont Specialty) exceed \$20,000.

ADDITIONAL MEDICAL BENEFITS

Outpatient contraceptive services; hospital or surgical day care facility charges and anesthesia for dental procedures under certain conditions; nonprescription enteral formulas and food products; diabetes equipment, supplies and out-patient management training; prosthetic appliances; convalescent nursing home; maternity expense; breast reconstruction incident to mastectomy, treatment of breast cancer by autologous bone marrow transplants; scalp hair prostheses under certain conditions; mammograms, and routine patient care costs for clinical tests and treatment of biologically based mental illness.

BENEFITS - STUDENT ONLY

Loss of Life, Limb or Sight:

If a covered Injury, independently of all other causes and within one year from the date of Injury, results in any one of the following specific losses, the Company will pay the applicable amount shown below in addition to payment under the Medical Expense Benefits.

For Loss of:

Life	\$10,000
Two or More Members	\$10,000
One Member	\$ 5,000

Member means hand, arm, foot, leg or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, the entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one injury will be paid.

CONTINUOUS COVERAGE

If a covered person was continuously covered under this or a similar preceding policy offered through the Antioch University, and sickness diagnoses or injury sustained while so covered will not be considered a Pre-Existing Condition when such person becomes covered under this Certificate, provided the covered person enrolls for this coverage within 63-days of the end of the preceding policy. The Covered Person will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment or more than 63-days occurs.

EXCLUSIONS AND LIMITATIONS

No benefit will be paid for loss or expense caused by, contributed to, or resulting from:

- Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided;
- Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process;

- Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process;
- Dental treatment, except for accidental Injury to sound, natural teeth;
- War or any act of war, declared or undeclared; or while in the armed forces of any country;
- Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
- Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
- Injury sustained while (a) participating in interscholastic, club, intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; (c) while participating in any practice or conditioning program for such sport, contest or competition;
- Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Treatment in a government hospital, unless there is a legal obligation for the insured Person to pay for such treatment;
- Injury caused by, contributed to or resulting from alcoholism and drug addiction;
- Elective surgery and elective treatment (includes any service, treatment or supplies that; 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States);
- Elective abortion;
- Routine Newborn Infant care, well-baby nursery and related Physician charges except as specifically provided for in the Policy;
- Congenital conditions, except as specifically provided for newborn or adopted Infants;
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
- We will not cover Pre-existing Conditions for the first three continuous months following an Insured Person's Effective Date of coverage under this Policy. However, if an Insured Person was continuously insured through similar health coverage but under a different health plan than the Policy during the three month period immediately preceding the date of their application for and/or enrollment in coverage under the Policy, the following rules will apply:
 - If the Insured Person was continuously covered for at least three months under the immediate preceding health plan, benefits payable for a Pre-Existing Condition under the terms of the Policy will be payable without the above described three months waiting period.
 - If the Insured Person was continuously covered under the immediate preceding health plan for less than three months, benefits payable for a Pre-Existing condition under the terms of the Policy will be payable after the number of months of continuous coverage under the prior plan has been subtracted from (credited toward) the three month waiting period described above.

ANTIOCH UNIVERSITY NEW ENGLAND

Please complete this application - make check payable to NAHGA Inc.

Student's Name _____ S.S.# _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Phone # (____) _____ E-mail Address _____

PLEASE CIRCLE PREMIUM AMOUNT FOR COVERAGE DESIRED

	1-25-12 - to 8-25-12				
STUDENT ONLY	\$ 494.00	\$ 822.00	\$ 2,776.00	\$ 2,054.00	\$ 1,205.00
STUDENT & SPOUSE	\$ 1,666.00	\$ 2,776.00	\$ 4,008.00	\$ 1,232.00	
STUDENT & CHILDREN	\$ 1,233.00				
STUDENT, SPOUSE & CHILDREN	\$ 1,205.00				
EACH ADDITIONAL CHILD	\$ 740.00				

FULL PAYMENT REQUIRED AT TIME OF ENROLLMENT

Mail check and application to NAHGA Inc., 303 Amherst St., Nashua NH 03063-1722

**ANTIOCH UNIVERSITY NEW ENGLAND
SUPPLEMENTAL ENROLLMENT FOR FAMILY COVERAGE**

I wish to extend my own coverage to include my following dependents (spouse and unmarried children under age 19 or 26 if a full-time student):

Student's Name	SS #	Date of Birth	Social Security Number
Spouse			
Child			
Child			
Child			

Signature

Date Signed

FRAUD WARNING: Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading, may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits. The Master Policy will prevail in the event of any discrepancy between this brochure and the Master Policy.

No Premium notices will be sent.

CLAIM PROCEDURE

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

- 1) Report to a Physician or Hospital.
- 2) Obtain a claim form from the University. Please submit one claim form for each Injury or Sickness. Mail the completed claim form and all medical bills and copies of your other insurance carrier's Explanation of Benefits Statements to the address below.
- 3) After the first \$100 in eligible expense, coverage is coordinated with benefits under other insurance. Claims must be filed with your insurance carrier(s) prior to filing under this plan.
- 4) File a claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
- 5) Claim status can be checked online at www.nahgaclaimservices.com

All claims and claims related questions

are to be directed to:

NAHGA CLAIM SERVICES

P.O. BOX 189

BRIDGTON, ME 04009

800-952-4320

NOTE All Other Inquiries Are Directed To:

Niagara National, Inc.

5001 Genesee St.

Buffalo, NY 14255

Underwritten by:

United States Fire Insurance Company

by **Fairmont Specialty,**

a **Division of Crum & Forster**

Administrative Office

Eatontown, NJ 07724

ELIGIBILITY

Full-Time students attending the University are eligible to participate in this plan. Part Time students are not eligible for coverage under this plan, unless they are enrolled in six credit hours or more.

Students must actively attend classes for at least the first 31 days beginning with the first day for which coverage is purchased. Home study, correspondence, online, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and when the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is a refund of premium less any claims paid.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age and enrolled in a school as a full time student. Dependent Eligibility expires concurrently with that of the insured student. All newborn children of the insured student or insured spouse are automatically covered from the moment of birth for an initial period of 60 days. Adopted children are covered for 60 days from the date of placement. Coverage includes, but is not limited to, coverage for congenital anomalies. Coverage may be continued beyond this 60 day period by paying the additional cost to cover the child, and notifying the Company or its authorized agent in writing.

EFFECTIVE AND TERMINATION DATES

The Master Policy is on file at the school and becomes effective at 12:01 a.m., August 25, 2011. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later.

If enrolling late in the quarter, you are still required to pay the full premium due. Your coverage will go into effect the date the premium is received by the Company (or its authorized representative). Coverage will not be backdated to the first day of the quarter. The Master Policy terminates at 12:01 a.m., August 25, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student nor extend beyond that of the Insured student.

The policy is a non-renewable one year term policy.

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. 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.

However, this Provision will not be applied to the first \$100 of covered medical expenses incurred.

Claims in excess of \$100 will be coordinated with benefits under other group insurance which the Insured Student may have so that no more than 100% of the expenses incurred will be paid by all insurances combined.

Even if a Covered Person has other insurance, the Policy may cover unpaid balances and deductibles, and pay those eligible expenses.

Important: The Non-Duplication Provision does not apply if the Covered Person does not have other medical insurance or if the other insurance does not cover the loss.

NON-DUPLICATION PROVISION

The total payments made for such condition both before and after the termination date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Or, if a Covered Person is under the care and treatment of a doctor and hospital confined on the termination date from a covered sickness for which benefits were paid before the termination date, covered medical expenses for such Sickness will continue to be paid as long as the condition continues but not to exceed 31 days from the date of Sickness.

The coverage provided under the Policy ceases on the Termination Date. However, if a Covered Person is under the care and treatment of a doctor and hospital confined on the termination date from the covered Injury for which benefits were paid before the termination date, covered medical expenses for such Injury will continue to be paid as long as the condition continues but not to exceed 12 months from the date of Injury.

**AFTER TERMINATION
EXTENSION OF BENEFITS**

Covered Persons entering the armed forces of any country will not be covered under the policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the Company within 90 days of withdrawal from school.

Except for medical withdrawal due to a covered Injury or Sickness, and student withdrawing from school during the first 31 days of the period for which coverage is purchased will not be covered under the policy and a full refund of the premium less any claims paid will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be allowed.

Premiums received by the Company are fully earned upon receipt in the case of withdrawal from school or entry in the armed forces. Refund of premium will be considered only as specifically provided.

REFUND OF PREMIUM

- Charges and fees for medical services or supplies that are the lesser of: 1. The usual charge by the provider for the service or supply given; or 2. the average charged for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

(SICKNESS PLAN)

**MENTAL OR NERVOUS DISORDER BENEFITS
AND CHEMICAL DEPENDENCY**

Inpatient, outpatient and partial hospitalization treatment of Mental or Nervous Disorders, paid the same as Sickness for:

- Confinement in a hospital, including psychiatric inpatient facilities, or a public mental hospital;
- Services of a psychiatrist, licensed psychologist, licensed registered nurse practitioner, licensed clinical mental health counselor, licensed alcohol and drug counselor, licensed marriage and family therapist, and licensed clinical social worker, and
- Services rendered at a community mental health center or psychiatric residential program approved by the department of health and human services.

Treatment of chemical dependency, including alcoholism, paid the same as any other Sickness, on an inpatient and outpatient basis for detoxification and rehabilitation.