

2005 – 2006

Especially designed for the students of



Trinity College

— Read Your Certificate Carefully —



Student Accident and Sickness Insurance Plan

LIMITED BENEFITS HEALTH INSURANCE DISCLOSURE STATEMENT. THIS STUDENT ACCIDENT AND SICKNESS PLAN MEETS THE STATE OF CONNECTICUT'S MINIMUM STANDARDS FOR MAJOR MEDICAL EXPENSE COVERAGE.

EXCLUSIONARY WAIVER: The Policyholder and Insured Persons acknowledge that this Plan does not cover nor provide benefits for:

- Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports;
- Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planning, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping.

UH B63003 0804-CT Policy Number - CUH200951

**TRINITY COLLEGE
STUDENT ACCIDENT & SICKNESS
INSURANCE PLAN**

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STUDENT ELIGIBILITY AND ENROLLMENT REQUIREMENTS

All traditional undergraduate students at Trinity College are automatically enrolled and charged in the Student Accident and Sickness Insurance Plan unless you can show proof of comparable insurance by providing evidence of other insurance. For example, students who pay tuition for the Fall Semester of 2005 will be Insured from August 15, 2005 through December 31, 2005. Students who pay tuition for the Spring Semester of 2006 will be Insured from January 1, 2006 through August 15, 2006.

ALTERNATIVE COVERAGE

If you are a Graduate Student, Graduate Assistant, or DP Student and do not meet the Eligibility requirements of the Plan, you are not eligible for the Student Accident and Sickness Insurance Plan. Please contact Koster Insurance Agency, Inc., at 1-800-457-5599 for information on alternative plans.

NEWBORN INFANT COVERAGE AND ADOPTED CHILD COVERAGE

A child born to an Insured Student shall be covered for Accident and Sickness for 31 days from the date of birth. A minor child placed with an Insured Student for adoption shall also be covered for 31 days beginning with the placement.

Coverage includes: congenital defects, including treatment for craniofacial disorders; early intervention services; hearing aids; and specialized formulas. At the end of the 31 day period, coverage will cease under the Trinity College Student Health Insurance Plan.

POLICY TERM

The insurance under Trinity College's Student Accident and Sickness Insurance Plan for the Annual Policy is effective at 12:01 a.m. on August 15, 2005. An eligible student's coverage becomes effective on that date. The Annual Policy terminates at 12:01 a.m. on August 15, 2006. Students may enroll for the Fall Semester only. The insurance for the Fall Semester is effective at 12:01 a.m. on August 15, 2005 and terminates at 12:01 a.m. on January 1, 2006. The insurance for Spring Semester is effective at 12:01 a.m. on January 1, 2006 and terminates at 12:01 a.m. on August 15, 2006.

NEW ONLINE ENROLLMENT/WAIVER PROCESS

A new OnLine Enrollment/Waiver Process is being introduced for the 2005-2006 policy year. Students can elect to either enroll in the Student Accident and Sickness Insurance Plan, or waive the Student Accident and Sickness Insurance plan if they can document proof of comparable coverage in another health insurance plan that will be in effect until August 15, 2006. Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to notify the college of their insurance selection. To document proof of comparable coverage, students need to complete the Waiver Section of the OnLine Enrollment/Waiver Form and submit it by the deadline. Go to www.kosterweb.com, click on Student Access, select Trinity College from the dropdown box and then select the Online Enrollment/Waiver Form. You will first create a User Account by entering your student ID number,

last name, date of birth and an email address (in order to receive your confirmation email) and then complete the OnLine Enrollment/Waiver Form. In order to waive coverage you will need to provide information about your current health insurance plan: name, claims address and toll-free customer service telephone number of the insurance carrier, the name of the policyholder and policyholder ID or group number. Immediately upon submitting the Online Enrollment/Waiver Form, you will receive a confirmation number that the OnLine Enrollment/Waiver Form has been submitted, you will subsequently receive a confirmation email. Print this confirmation number for your records. If there are extenuating circumstances to prevent you from using the online enrollment/ waiver process, please contact Koster Insurance Agency, at 1-800-457-5599 for an enrollment/waiver form.

International students may not waive the Student Accident and Sickness Insurance Plan unless they are covered under a domestic or U.S. based company or embassy-sponsored program.

Waiver Deadline

The deadline for students to complete the Online Form for annual coverage is August 3, 2005 and the deadline for students newly enrolled for the Spring Semester is December 16, 2005. Students who waive the Student Accident and Sickness Insurance Plan in the fall waive coverage for the entire policy year.

Students who do not submit the Online Enrollment/Waiver Form by the deadline will be automatically enrolled in the Student Accident and Sickness Insurance Plan and the fee will remain on their student account bill.

In the event that you waive the Student Accident and Sickness Insurance Plan and then lose your current coverage due to a qualifying event, i.e. your parent loses coverage or you reach the maximum limit available under a parent's plan, you have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after 31 days, the effective date of coverage will be the date that the petition is received at Koster Insurance. If the petition is approved, the premium will not be prorated.

TRINITY COLLEGE STUDENT HEALTH SERVICES

The Trinity College Student Health Service is committed to providing our Students with high quality primary health care. This is accomplished through a full-time staff and a variety of professional consultants in many disciplines. Our purpose is to help Students maintain optimal general health through the disciplines of physical and mental health, and health education around life style choices. Student Health Services are located in Wheaton Hall and offer the following services:

- Urgent and primary care visits with Nurse Practitioners (including GYN and pap smear examination) as well as diagnosis and treatment of minor acute and episodic health problems
- Doctor's Appointments are available at the Health Center with no charge
- Routine laboratory services
- STD counseling and testing

REFERRAL PROCESS

When the college is in session, students must first report to the Trinity College Health Center for treatment or for a referral in order for benefits to be paid. **Students must secure a referral prior to obtaining treatment, or reimbursement of Covered Medical Services will be reduced by 20% not to exceed a maximum of \$500.00.**

Exceptions to the Referral Requirement for Insured Students:

1. Medical Emergency.
2. When the Health Center is closed.
3. Medical care received when the Insured Student is more than 20 miles from campus.
4. Medical Care received when the Insured Student is no longer able to use the Health Center due to change in student status.
5. Any gynecological examination or care related to pregnancy and primary and preventive obstetric and gynecologic services required as a result of any gynecologic examination or as a result of a gynecological condition. Such obstetric and gynecologic services include, but are not limited to, pap smear tests.

OPTIONAL PREFERRED PROVIDERS PROVISION

This Plan is an Indemnity Insurance Plan. While you may utilize any provider you choose, you will decrease your out-of-pocket expenses if you receive care locally through a Health Care Value Management (HCVM) provider within the New England states, or a CCN provider available across the United States. Use of these Network Providers is strictly optional.

HCVM is owned by CCN and to determine if a provider participates in either HCVM or CCN, students can call CCN toll-free at 1-888-685-7774 or visit www.ccnusa.com. It is important that Insured Student verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service.

DEFINITIONS

Accident means a specific unforeseen, unintended and unexpected event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

Coinsurance means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.

Copayment means the specified dollar amount an Insured Person must pay for specified charges. The copayment is separate from and not a part of the Deductible or Coinsurance.

Covered Percentage means that part of the Covered Charge that is payable by the Company.

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are (a) not in excess of the Reasonable and Customary Expense; (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) for Covered Charges requiring a Copayment, an Insured Person will not be required to pay the amount in excess of Reasonable and Customary.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

Elective Treatment means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it operates and is licensed as a Hospital under the laws of the jurisdiction in which it is located. Hospital also includes a licensed substance abuse treatment facility only when treatment for substance abuse or medical complications of alcoholism is rendered. Hospital does not include a place run mainly: (a) as a convalescent home; (b) as a nursing or rest home; or (c) as a hospice facility.

Hospital Confinement means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student while insured under this Policy.

Loss means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy, and other expenses as specifically covered.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Insured Person or provider; (b) it is not the appropriate treatment for the Insured Person's diagnosis or symptoms; (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment. The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Per Condition Aggregate Maximum means the total amount of benefits payable for each Injury or Sickness under this Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Policy.

Policyholder means the institution indicated on the face page of the Plan.

Reasonable and Customary Expenses means fees and prices generally charged within the locality where performed

for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Sickness means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us and **Our** mean the Combined Insurance Company of America.

You, Your or **Yours** means the Insured Student.

DESCRIPTION OF ACCIDENT AND SICKNESS INSURANCE BENEFITS

Accident and Sickness Expense Benefits Maximum Benefit

\$50,000 PER INJURY OR SICKNESS.

Payment will be made as allocated below for covered medical expenses incurred for an Injury or Sickness while insured under this Plan, not to exceed the Per Condition Aggregate Maximum of \$50,000. **When the Health Center is accessible, an Insured Student must receive a referral by the Health Center in order for benefits to be paid.** (Refer to section on Exceptions to Referral Requirements).

ACCIDENT EXPENSE BENEFIT

When, by reason of Injury, an Insured Person incurs expenses for hospital, surgical or medical treatment, services or supplies, We will pay 100% of the Preferred Allowance for Network Providers or 80% of Reasonable and Customary Expenses incurred for Non-Network Providers up to a Per Condition Aggregate Maximum benefit of \$50,000 for any covered medical expense incurred as a result of a covered Accident. The Accident must have occurred while coverage under the Policy is in force as to the Insured Person incurring the expense. The Accident must have occurred while coverage under the Policy is in force as to the Insured Person incurring the expense, subject to the pre-existing condition limitation.

SICKNESS EXPENSE BENEFIT

When, by reason of Sickness, an Insured Person incurs expenses for hospital, surgical or medical treatment, services or supplies, We will pay for the 100% of the Preferred Allowance for Network Providers or 80% of Reasonable and Customary Expenses incurred for Non-Network Providers up to a Per Condition Aggregate Maximum benefit of \$50,000. The date of the first medical treatment for the Sickness must have occurred while coverage under the Policy is in force as to the Insured Person incurring the expenses. Charges applicable to this provision incurred during a continuation of coverage shall also be included in the term "Expense" but only while they are incurred during the 90 day period following the date insurance is terminated.

DENTAL INJURY EXPENSE

When an Insured Person incurs expenses for dental treatment for Injury to sound natural teeth as a result of the Accident, We will pay 100% of Covered Charges of the first \$100.00 of charges and 80% of those which remain up to \$900.00 will be paid.

Trinity College 2005-2006 Student Accident and Sickness Plan Schedule of Medical Benefits
SCHEDULE OF MEDICAL EXPENSE BENEFITS

This plan provides benefits for the Reasonable and Customary (R&C) Charges incurred by an Insured person for Loss due to a covered Accident or Sickness up to a \$50,000 maximum per Accident and Sickness. For covered benefits where a copayment is applied services will be paid at 100% of Covered Charges.

REFERRAL REQUIREMENT: When the Student Health Service is open, an Insured student must receive a referral by the Student Health Service in order to receive full benefits.

BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
Maximum Benefit per Accident or Sickness per Policy Year	\$50,000	
INPATIENT EXPENSE BENEFITS		
Hospital Room and Board Expense , Semi-private room; general nursing care, and intensive care unit	100% of Preferred Allowance for first 5 days, then 80% of Preferred Allowance	80% of Reasonable and Customary (R&C) Charges
Hospital Miscellaneous Expense , Operating room, laboratory tests, x-ray examinations, anesthesia, physiotherapy services, and other Medically Necessary treatment	100% of Preferred Allowance for first 5 days, then 80% of Preferred Allowance	80% of R&C Charges
Surgeon Expense , Reimbursement based on Medicode fees	100% of Preferred Allowance up to a combined maximum of \$5,000	80% of R&C Charges up to a combined maximum of \$5,000
Assistant Surgeon and Anesthetist Expense	100% of Preferred Allowance up to \$1,500	80% of R&C Charges up to \$1,500
Physician Visit , (non-surgical visit) limited to one visit per day	100% of Preferred Allowance	80% of R&C Charges
Pre-Admission Testing Expense	Paid under Hospital Miscellaneous Expense	

BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
OUTPATIENT EXPENSE BENEFITS		
Surgeon Expense , Reimbursement based on Medicode fees	100% of Preferred Allowance up to a combined maximum of \$5,000	80% of R&C Charges up to a combined maximum of \$5,000
Assistant Surgeon and Anesthetist Expense	100% of Preferred Allowance up to \$1,500	80% of R&C Charges up to \$1,500
Second Surgical Opinion Expense	100% of Preferred Allowance up to \$200.00	80% of R&C Charges up to \$200.00
Outpatient Hospital Services for Surgery Expense , Services related to scheduled surgery performed in a Hospital, operating room, laboratory tests, examinations, anesthesia, supplies, drugs and medication	100% of Preferred Allowance up to a maximum of \$5,000	80% of R&C Charges up to a maximum of \$5,000
Outpatient Miscellaneous Expense , includes Physician/Consultant visits, chiropractic care, emergency room, laboratory tests, diagnostic x-rays, radiation and chemotherapy. Copayments for the following services will be waived when referred by the Student Health Center	100% of Preferred Allowance up to a maximum of \$1,500 per Injury or Sickness after the following Copayments: Physician/Consultant Office: \$10.00 Hospital Outpatient: \$10.00 Emergency Room \$50.00 (Waived if admitted)	80% of R&C Charges up to a maximum of \$1,500 per Injury or Sickness

BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
MENTAL HEALTH EXPENSE BENEFITS		
Inpatient Hospital or Residential Treatment Facility	100% of Preferred Allowance for first 5 days, then 80% of Preferred Allowance	80% of Reasonable and Customary (R&C) Charges
Outpatient Mental Health Expense	Paid as any other Sickness up to the Policy maximum	
Inpatient Alcohol and Substance Abuse Expense	100% of Preferred Allowance for first 5 days, then 80% of Preferred Allowance	80% of Reasonable and Customary (R&C) Charges
Outpatient Alcohol and Substance Abuse Expense	Paid as any other Sickness up to the Policy maximum	
ADDITIONAL BENEFITS		
High Cost Procedures Expense , in excess of \$200.00 up to \$2,000 includes CT scan, MRI, and laser treatment	100% of Preferred Allowance up to a maximum of \$2,000	80% R&C Charges up to a maximum of \$2,000
Prescription Drug Expense , including contraceptive drugs and devices, syringes, hypodermic needles, and items prescribed for inherited metabolic disease	MEDCO Pharmacy – \$10.00 for a 30 day supply of a generic drug or \$20.00 for a 30 day supply of brand name drug up to \$500.00 per Policy year	Other than MEDCO Pharmacy – \$10.00 for a 30 day supply of a generic drug or \$20.00 for a 30 day supply of brand name drug up to \$500.00 per Policy year
Cytologic Screening Expense , including screening and examination	100% of Preferred Allowance	80% R&C Charges
Mammography Examination Expense	Covered as any other Sickness	

BENEFITS	NETWORK PROVIDERS	NON-NETWORK PROVIDER
ADDITIONAL BENEFITS (Con't)		
Maternity Expense	Covered as any other Sickness	
Attention Deficit Disorder Expense, for testing and treatment	100% of Preferred Allowance up to \$200.00	80% R&C Charges up to a \$200.00
Physiotherapy Expense	50% of R&C Charges up to \$45.00 per visit, to a maximum of \$500.00	
Ambulance Expense	100% of Covered Charges up to the maximum allowable rate established by the Connecticut Department of Public Health	
Dental Injury Expense	Covered as any other Injury	
Wisdom Teeth Expense, for bony impacted wisdom teeth	100% of R&C Charges up to \$100.00 per tooth	80% of R&C Charges up to \$100.00 per tooth
Durable Medical Equipment Expense, Braces (non-replacement) and Prosthetic Devices (non-dental)	100% of R&C Charges up to a maximum of \$500.00	80% of R&C Charges up to a maximum of \$500.00
Voluntary Termination of Pregnancy Expense	Covered as any other Sickness	
Repatriation of Remains	Actual Expense Incurred but not to exceed \$10,000	
Medical Evacuation	Actual Expense Incurred but not to exceed \$10,000	

MANDATED BENEFITS

ALCOHOL & DRUG ABUSE EXPENSE BENEFIT:

If an Insured Person requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

Benefits for Inpatient Services: We will pay the Covered Percentage of the Covered Charges incurred for inpatient care in a Hospital or substance abuse treatment facility for the treatment of substance abuse or medical complications of alcoholism when diagnosed or recommended by a licensed Physician. Such charges are treated the same as charges incurred for treatment of any other Sickness under the Policy.

Benefits for Outpatient Services: We will pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Medical Benefits for covered outpatient services for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

Outpatient Treatment and Doctor services include charges for services rendered in a Doctor's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Doctor or a licensed psychologist who certifies every three months that the Insured Person needs to continue such treatment.

CANCER SCREENING TESTS EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for routine mammograms, pap smears and other cancer screening tests performed by a qualified facility, Physician or nurse practitioner.

Covered Charges also include laboratory and diagnostic tests, including, but not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for male Insured Persons who are symptomatic, whose biological father or brother has been diagnosed with prostate cancer, and for all male Insured Persons fifty years of age or older.

Covered Charges also include colorectal cancer screening, including, but not limited to, (a) an annual fecal occult blood test, and (b) colonoscopy, flexible sigmoidoscopy or radiologic imaging, in accordance with the recommendations established by the American College of Gastroenterology, after consultation with the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations.

GYNECOLOGICAL EXAMINATION EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for any gynecological examination or care related to pregnancy and primary and preventive obstetric and gynecologic services required as a result of any gynecological examination or as a result of a gynecological condition. Such obstetric and gynecologic services include, but are not limited to, pap smear tests.

MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT

We cover Medically Necessary diagnosis and treatment of Mental and Nervous Conditions as defined in the most recent

edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders". We cover such charges the same way We treat Covered Charges for any other Sickness. We cover inpatient care in a hospital, a residential treatment facility or a state mental health institution or facility. We also cover partial hospitalization, and outpatient care. Partial hospitalization is continuous treatment of not less than 4 hours, and not more than 12 hours in any 24 hour period under a program basis in a hospital, in a residential treatment facility, or a state mental health institution or facility. Two partial hospitalization days may be submitted for one inpatient day in a hospital or related facility.

The services rendered for which benefits are to be paid for confinement in a residential treatment facility must be based on an individual treatment plan, which is defined as a plan prescribed by a physician with specific attainable goals and objectives appropriate to both the patient and the treatment modality of the program.

We will not, through the use of a drug formulary, list of covered drugs or any other means: (a) limit the availability of psychotropic drugs that are the most effective therapeutically indicated pharmaceutical treatment with the least probability of adverse side effects; or (b) require utilization of psychotropic drugs that are not the most effective therapeutically indicated pharmaceutical treatment with the least probability of adverse side effects.

AMBULANCE EXPENSE BENEFIT

When Medically Necessary, by reason of Injury (or Sickness), an Insured Person requires the use of an ambulance, We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance up to the maximum allowable rate established by the Connecticut Department of Public Health.

Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured to a Hospital or between Hospitals.

Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of a life threatening Injury (or Sickness). Air ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

We will pay the Ambulance Service provider directly if such provider has not received payment for such service from any other source.

What We pay is shown in the Schedule of Medical Benefits.

CANCER CLINICAL TRIALS EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for Routine Patient Care Costs associated with Cancer Clinical Trials that are not eligible for reimbursement by an entity other than Us, including the entity sponsoring the cancer clinical trial.

Upon receipt of the standardized Connecticut Insurance Department form from a provider, hospital or institution seeking coverage for the Routine Patient Care Costs of an Insured Person in a Cancer Clinical Trial, We shall approve or deny coverage for such services within five business days

of receiving such request and any other reasonable supporting materials requested by Us pursuant to Section 38a-504c, except that if We utilize independent experts to review such requests. We shall respond within ten business days. Requests for coverage of phase III clinical trials for the prevention of cancer pursuant to Section 38a-504a shall be approved or denied within fourteen business days. The Insured Person, or the provider with the Insured Person's written consent, may appeal any denial of coverage for Medical Necessity to an external, independent review pursuant to Section 38a-478n. Such external review shall be conducted by a properly qualified review agent whom the Connecticut Insurance Department has determined does not have a conflict of interest regarding the Cancer Clinical Trial.

We cover such charges the same way We treat Covered Charges for any other Sickness.

DIABETES EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for Charges for laboratory and diagnostic tests and the Medically Necessary treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes. Such coverage shall include Medically Necessary equipment, in accordance with the Insured Person's treatment plan, drugs and supplies prescribed by a prescribing practitioner.

Covered Charges also include outpatient self-management training for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes if the training is prescribed by a licensed health care professional who has appropriate state licensing authority to prescribe such training. Outpatient self-management training includes, but is not limited to, education and medical nutrition therapy. Diabetes self-management training shall be provided by a certified, registered or licensed health care professional trained in the care and management of diabetes and authorized to provide such care within the scope of the professional's practice.

Benefits shall cover:

- (a) initial training visits provided to an Insured Person after the Insured Person is initially diagnosed with diabetes that is Medically Necessary for the care and management of diabetes, including, but not limited to, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of ten hours;
- (b) training and education that is Medically Necessary as a result of a subsequent diagnosis by a Physician of a significant change in the Insured Person's symptoms or condition which requires modification of the Insured Person's program of self-management of diabetes, totaling a maximum of four hours; and
- (c) training and education that is Medically Necessary because of the development of new techniques and treatment for diabetes totaling a maximum of four hours.

We cover such charges the same way We treat Covered Charges for any other Sickness.

INHERITED METABOLIC DISEASE EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for Amino Acid Modified Preparations and Low Protein Modified Food Products for the Medically Necessary

treatment of Inherited Metabolic Diseases if the Amino Acid Modified Preparations or Low Protein Modified Food Products are prescribed for the therapeutic treatment of Inherited Metabolic Diseases and are administered under the direction of a Physician. Also covered are charges for Specialized Formulas when such Specialized Formulas are Medically Necessary for a disease or condition and are administered under the direction of a Physician.

DENTAL ANESTHESIA EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for general anesthesia, nursing and related Hospital services provided in conjunction with inpatient, outpatient or one-day dental services if deemed Medically Necessary by the treating dentist, or oral surgeon and the Insured Person's primary care Doctor, and the Insured Person is either: (a) determined by a licensed dentist, in conjunction with a licensed Doctor who specializes in primary care, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital, or (b) a person who has a development disability, as determined by a licensed Doctor who specializes in primary care, that places the person at serious risk.

We cover such charges the same way We treat Covered Charges for any other Sickness.

LEUKEMIA EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for Medically Necessary treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any nondental prosthesis, including any maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, outpatient chemotherapy following surgical procedures in connection with the treatment of tumors, and a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy. Coverage also includes the reasonable cost of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. For the purpose of this coverage, reconstructive surgery includes, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

The Maximum Benefit per Policy Year shall be \$1,000 for the costs of removal of any breast implant, \$500.00 for the surgical removal of tumors, \$500.00 for reconstructive surgery, \$500.00 for outpatient chemotherapy, \$350.00 for a wig, and \$300.00 for prosthesis, except that for purposes of the surgical removal of breasts due to tumors the Maximum Benefit per Policy Year shall be \$300 for each breast removed.

We cover such charges the same way We treat Covered Charges for any other Sickness.

LYME DISEASE EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for Lyme disease treatment including not less than thirty days of intravenous antibiotic therapy, sixty days of oral antibiotic therapy, or both, and further treatment if recommended by a board certified rheumatologist, infectious disease specialist or neurologist licensed in accordance

with chapter 370 or who is licensed in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of Connecticut.

We cover such charges the same way We treat Covered Charges for any other Sickness.

MASTECTOMY INPATIENT EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for a minimum of forty-eight hours of inpatient care following a mastectomy or lymph node dissection or any longer period of inpatient care recommended by the Insured Person's attending Physician.

OCCUPATIONAL THERAPY EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for Occupational Therapy provided in private practice or in a Health Care Facility or in a Partial Hospitalization program on an exchange basis.

We cover such charges the same way We treat Covered Charges for any other Sickness.

OSTOMY EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred up to \$1,000 per Policy Year for Medically Necessary appliances and supplies relating to an ostomy including, but not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors. "Ostomy" includes colonostomy, ileostomy and urostomy. Payments under this benefit shall not be applied to any policy maximums for durable medical equipment.

We cover such charges the same way We treat Covered Charges for any other Sickness.

PAIN MANAGEMENT EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for Pain treatment ordered by a Pain Management Specialist which may include all Medically Necessary means to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

We cover such charges the same way We treat Covered Charges for any other Sickness.

HOME HEALTH CARE EXPENSE

When, by reason of covered Injury or Sickness, an Insured Person incurs expenses for covered home health care service, We will pay, after a \$50.00 deductible, 75% of the Reasonable and Customary Charge incurred, up to a maximum of 80 home health care visits in any calendar year or in any continuous period of 12 months for each Insured Person. Each four hours of home health aide service will count as one visit. In the case of a terminally ill Insured Person, no more than \$200.00 for any 12-month period will be paid for medical social services.

MATERNITY COVERAGE

Normal pregnancy, complications of pregnancy, resulting childbirth, miscarriage or termination of pregnancy (except for elective abortion) on the same basis as a covered Sickness. Coverage includes a minimum inpatient stay of 48 hours for a vaginal delivery and 96 hours for a caesarean delivery. If the mother and newborn are discharged prior to this timeframe, after consultation with the Doctor, this plan will cover 2 follow up visits. The first visit must be within 48 hours of discharge and the second visit within 7 days.

ACCIDENTAL INGESTION OF A CONTROLLED DRUG EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for emergency medical care arising from the accidental ingestion or consumption of a Controlled Drug, as follows:

In-Patient: In the event expenses are incurred in connection with confinement as an in-patient in a Hospital (including a state institution), then such expenses are covered to the same extent as a Sickness. The maximum period benefits are payable is limited to 30 days in any Policy Year.

Out-Patient: With respect to those covered expenses which are incurred by the Insured Person while other than an in-patient in a Hospital, expenses are covered to the same extent as any other Sickness, up to a maximum of \$500.00 per Policy year.

OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS

The outpatient prescription drug benefit is available through the MEDCO Pharmacy Network. The MEDCO Pharmacy Network includes national pharmacy chains, CVS, Walgreens, Brooks and local pharmacies. After a per prescription copayment of \$10.00 for a 30 day supply of a generic drug or a per prescription copayment of \$20.00 for a 30 day supply of a brand name drug, the Expenses incurred for the cost of prescription drugs will be reimbursed up to a maximum of \$500.00 per policy year. Insured Persons will be given an ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon submitting a completed Rx claim form (claim forms can be obtained from Koster Insurance Agency or Trinity College Student Health Insurance Office). A listing of MEDCO Pharmacies is available by calling 1-800-711-0917 or by viewing www.MEDCO.com. Not all medications are covered.

Please note, students are not required to use the MEDCO Pharmacy Network.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies to Domestic Students and International Students while insured under this Plan. We will pay for benefits for the Covered Expenses incurred, up to \$10,000 if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or b) for International Students after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is

not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

REPATRIATION OF REMAINS EXPENSE BENEFIT

This benefit applies to Domestic Students and International Students while insured under this Plan. In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of \$10,000 for preparation and transportation of the Insured Person's remains to his or her home country. This will be in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

INTERNATIONAL ASSISTANCE PROGRAM

The International Assistance Program (IAP) is included in the Student Insurance Plan that provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556

Dial Direct or Call Collect Worldwide: 1-603-898-9159 or

Contact our website: www.oncallinternational.com

24-HOUR NURSE ADVICE LINE

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor 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 Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in

order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

The Principal Sum referred to in this provision is shown in the Schedule of Medical Benefits.

When, because of an Injury, the Insured Person suffers any of the following Losses within 180 days from the date of the Accident, We will pay as follows:

For Loss Of:

Life	Principal Sum
Two hands	Principal Sum
Two feet	Principal Sum
Sight of two eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and sight of one eye	Principal Sum
One foot and sight of one eye	Principal Sum
One hand or one foot or one eye .	One-half Principal Sum

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

Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

- (1) By suicide, attempted suicide, or intentionally self-inflicted injury;
- (2) By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by the Policy;
- (3) By an infection, unless it is caused solely and independently by a covered Accident;
- (4) By the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Doctor for the Insured Person.

PRE-EXISTING CONDITION LIMITATION

"Pre-existing Condition" is a condition, whether physical or mental, for which medical advice, diagnosis care, or treatment was recommended or received during the six (6) months prior to the Effective Date of the Insured Person's coverage under the Policy.

The Pre-existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for loss or expense incurred after such twelve (12) consecutive month period.

However, the Pre-Existing Waiting Period shall be reduced by the period of time and Insured Person was covered under prior Creditable Coverage, provided the preceding coverage was continuous to a date not less than 120 days prior to their effective date of coverage under the Policy or 150 days if their preceding coverage was terminated due to an involuntary loss of employment, and provided the Insured Person applied for this coverage within 30 days of their initial eligibility.

Payment will be in accord with the provisions of the Policy. If the Insured Person has a longer lapse in coverage, the Pre-Existing Condition Waiting Period will have to be satisfied again.

Creditable Coverage means prior health benefits coverage that may include any of, or a combination of the following: (a) A group health plan; (b) A health insurance plan or health maintenance organization (HMO) plan; (c) An individual health insurance policy; (d) COBRA continuation of coverage; (e) A health plan under Chapter 55, Title 10, United State Code pertaining members of the uniformed services of the United States; (f) Medicare or Medicaid; (g) A medical care program of the Indian Health Service or of a tribal organization; (h) A state health benefits risk pool; (i) A health plan offered under FEHBP (chapter 89 of Title 5, United States Code); (j) A health plan under section 5(e) of the Peace Corps Act; or (k) A public health plan.

CONFORMITY WITH STATE STATUTES

Any provision of this Plan which, on the Policy Effective Date, is in conflict with the statutes of the state in which the Insured Person resides on such date, is hereby amended to conform to the minimum requirements of such statutes.

CONTINUOUS INSURANCE

Any Insured Person who has continuous coverage under this Plan or any Prior Plan from one year to the next shall be covered for conditions first manifesting themselves while Continuously Insured, except for benefits payable under prior policies in the absence of this Plan. Prior Plan means the Student Health Insurance Policy or Policies issued to Trinity College immediately before this Policy or any Credible Coverage as defined in this Plan.

EXCLUSIONS AND LIMITATIONS

1. Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
3. Organ transplants, except as specifically provided;
4. Pre-existing Conditions as defined in this Plan.
5. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
6. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports;

7. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
8. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part;
9. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
10. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
11. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
12. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
13. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
14. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
15. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
16. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of a felony;
17. Injury due to participation in a riot, which means voluntarily taking part in a civil disturbance with the intent of causing personal injury and/or property damage to nonparticipants;
18. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
19. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
20. Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies or medical records, or completion of claim forms; expenses incurred for custodial care or services not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
21. For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
22. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
23. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
24. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;

25. Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
26. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
27. An amount of a charge in excess of the Reasonable and Customary Expense;
28. Elective Treatment or elective surgery, except as specifically provided;
29. Services not Medically Necessary;
30. Accident occurring in consequence of riding as a passenger or otherwise in any 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;
31. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
32. Voluntary or elective abortion; except as specifically provided;
33. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication, except as specifically provided; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit; pre-natal vitamins, except as specifically provided;
34. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug which the FDA has determined to be contraindicated for a particular condition;
35. Expenses incurred for replacement braces and appliances, except for repair or replacement that is required by a changed condition due to Sickness or Injury;
36. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury; except as otherwise stated in this Plan.

REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid to the extent permitted by law. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights this provision and do nothing to prejudice Our rights.

TERMINATION OF INSURANCE

Benefits are payable under this Plan only for those Covered Expenses incurred while the Policy is in effect as to the Insured. No benefits are payable for expenses incurred after the date the insurance terminates for the Insured, except as may be provided under the Extension of Benefits.

EXTENSION OF BENEFITS

If an Insured Person is confined to a hospital on the day his or her insurance terminates, expenses incurred after such termination date and during the continuance of that hospital confinement shall be payable in accordance with the Plan, but only while they are incurred during the 90 day period following such termination of insurance.

OPTIONAL VOLUNTARY PLANS

The following optional plans are available to purchase with additional premium. Interested students should call Koster Insurance Agency for information on coverage, premium, and enrollment procedures and deadlines at 1-800-457-5599 or email questions to, TrinityStudent@Kosterins.com.

OPTIONAL SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFIT

Only Insured students in the Student Accident and Sickness Insurance Plan are eligible to purchase the Optional Supplemental Plan that provides coverage over and above the Student Accident and Sickness Insurance Plan. This Plan does not start providing coverage until the \$50,000 maximum per Accident and Sickness per policy year has been met under the Student Accident and Sickness Insurance Plan, and extends the Maximum benefit per Accident and Sickness to \$100,000. Interested students must purchase this optional benefit at the same time the Accident and Sickness Insurance Plan is purchased.

CLAIMS PROCEDURE

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

1. Written notice of claim must be given to Us within 30 days after the occurrence or commencement of any Loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant or the beneficiary to Us at Our Administrative Office or to any authorized agent, with information sufficient to identify the Insured Person, shall be deemed notice to Us. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Klais & Company Inc., at the address on the back cover of this Brochure.
2. Providers should submit claims within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Klais & Company, Inc., at the address on the back cover. Upon receipt of a written notice of claim, We will give the claimant such forms as are usually given by Us for filing proof of Loss. If such forms are not given within 15 days after receipt of such notice, he or she can fulfill the terms of this Policy as to proof of Loss by giving written proof of: (a) the occurrence of the Loss; (b) the nature of the Loss; and (c) the extent of the Loss.
3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Klais & Company, Inc.
4. If you disagree with a claim payment decision, an Insured Person has the right to file an appeal. The process to

file an appeal is as follows: (a) you must notify Klais & Company, Inc. within 30 days of the denial. Your claim appeal must be in writing, and clearly state that you are appealing the decision and requesting another review of your claim; and (b) your written appeal should provide specific documentation as to why you believe the decision to be in error, and any new medical information that will be helpful to Klais & Company, Inc. in considering the claim. Klais & Company, Inc. will respond in writing as to their decision. You can contact Klais & Company at 1-800-331-1096.

Any provisions of this Policy, which on its effective date, is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

APPEALS PROCEDURE

If your claim is denied You will be notified of the reason with a description of any additional information necessary to appeal the denial.

The process for filing a grievance with Combined Insurance Company of America or Our Plan Administrator, is as follows: (a) You may communicate a grievance to us orally, by calling Our Plan Administrator at 1-800-331-1096, email klaishclaims@klaish.com, or in writing at the address listed on the back of this brochure; (b) the Insured Person, or a person acting on behalf of the Insured Person, including the Insured Person's health care provider, may make a request for review of a grievance; and (c) all reviews conducted under this provision shall be resolved not later than sixty days (60) from the date the Insured Person commences the complaint, unless an extension is requested by the Insured Person.

An Insured Person, or any provider acting on behalf of an Insured Person with the Insured Person's consent, who has exhausted the internal mechanisms provided by Us to appeal a determination not to certify an admission, service, procedure or extension of stay, may appeal such determination to the Connecticut Insurance Commissioner.

To make such an appeal, an Insured Person or any provider acting on behalf of an Insured Person shall, within thirty days from receiving a final written determination from Us, file a written request with the Commissioner in accordance with Section 38a-478n. We shall provide instructions on how to file such an appeal upon exhaustion of Our internal grievance procedure.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

Under HIPAA's Privacy Rule, We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640, Attn: HIPAA Privacy Office or call 1-800-225-4500, select HIPAA.

QUESTIONS? NEED MORE INFORMATION?

For general information on the benefits, on how to enroll, or service issues, please contact:

Koster Insurance Agency, Inc.

500 Victory Road
Quincy, MA 02171
1-800-457-5599

Email: TrinityStudent@Kosterins.com or
www.kosterweb.com

For information on a specific claim or to check the status of a claim, please contact:

Klais & Company, Inc.

1867 West Market Street
Akron, OH 44313-6977
1-800-331-1096

email: klaisclaims@klais.com

CLAIM INFORMATION RECEIVED REGARDING
MEDICAL TREATMENT IS STRICTLY CONFIDENTIAL

For information on participating healthcare providers, please contact:

Health Care Value Management (HCVM)

(New England, owned by CCN)

CCN (National)

1-888-685-7774

www.ccnusa.com

UH B63003 0804-CT

This Policy is Underwritten by:

Combined Insurance Company of America

Policy Number - CUH200951

A Master Policy is available for review at Trinity College. In the event of any conflict between this description of services provided and the Policy, the Master Policy will govern.