



Student Health Plan™

Designed for members of:



**College Parents
of America**

Please keep this outline of coverage for future reference.

Policy No.: UDL3376S / Form No.: CPA11

Designed for members of:



Brought to you by Next Generation Insurance Group, LLC.



Student Accident & Sickness Program for Domestic Students

College Parents of America is pleased to offer a Student Health Insurance Program to its members. This is a summary description of the Program. The exact provisions governing this insurance are contained in the Master Policy issued to College Parents of America. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United States Fire Insurance Company, a Crum & Forster Company. Coverage for each individual will expire on their semi-annual or annual termination date as selected at the time of purchase. During a student's term of coverage, coverage will apply 24 hours each day, 7 days per week, worldwide.

Policy Term

The insurance under College Parents of America is effective 12:01 a.m. on January 1, 2011 and terminates at 12:01 a.m. on January 1, 2012. An eligible member's coverage becomes effective the date immediately following the date member enrolls online or the date after the application and the full premium are received by the Company or Program Manager whichever is later.

Premium Refund Policy

No requests for a refund of premium can be considered regardless of the premium payment option selected except under the following circumstances:

Insured Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro rata refund of premium upon written request. Requests should be made by calling: **1.877.270.1159**. Premium received by the Company is fully earned upon receipt.

Eligibility & Enrollment

All active members of College Parents of America who are in good standing, and who are Domestic students taking a minimum of 6 credit hours or more are eligible to enroll in the Student Accident & Sickness Program. In order to be accepted, you must be actively enrolled in a College or University or enrollment in the College or University must occur within 30 days of the effective date for the term applied.

Students may enroll online at: www.studenthealthplan.com.

For questions about this program call:
1.877.270.1159

Identification Cards

Once you have purchased the coverage online, a card will be mailed to the address you provided at the time of purchase.

Annual Rates Per Covered Person

	Premium			Basic		
Policy Year Deductible:	\$500	\$1,000	\$2,500	\$500	\$1,000	\$2,500
Student, Ages 25 & Under	\$2,885	\$2,626	\$1,878	\$1,774	\$1,515	\$930
Student, Ages 26 & Over	\$3,837	\$3,493	\$2,497	\$2,360	\$2,015	\$1,237
Spouse, Ages 25 & Under	\$7,212	\$6,565	\$4,694	\$4,435	\$3,788	\$2,325
Spouse, Ages 26 & Over	\$9,593	\$8,733	\$6,243	\$5,900	\$5,038	\$3,093
Each Child	\$4,327	\$3,939	\$2,816	\$2,661	\$2,273	\$1,395

Preferred Provider Network

This policy includes the voluntary utilization of the First Health Preferred Provider Network. Utilizing the First Health Preferred Provider Network for all other services may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The First Health Network consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a First Health Network Provider.

For a list of participating providers, please visit:

www.myfirsthealth.com or call **1.800.226.5116**.

Definitions

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

Covered expenses means charges: (a) Not in excess of usual, reasonable and customary charge; (b) Not in excess of the maximum benefit amount payable per service as shown in the Schedule; (c) Made for medical services and supplies not excluded under the policy; (d) Made for services and supplies which are medically necessary; and (e) Made for medical services specifically included in the Schedule.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include: (a) You; (b) Your spouse, dependent, parent, brother, or sister; or (c) A person who ordinarily resides with you.

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.

Covered person means you. The proper premium payment must be made to be covered under the policy.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Medical Emergency means sudden onset of an Injury or Sickness which arises out of a medical or behavioral condition which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) Placing the health of the person afflicted with such condition in serious jeopardy; or in the case of a behavioral condition placing the health of such person or others in serious jeopardy, or (b) Serious impairment to such person's bodily functions; (c) Serious dysfunction of any bodily organ or part of such person; or (d) Serious disfigurement of such person.

Medically necessary means those services or supplies provided or prescribed by a hospital or doctor: (a) Essential for the symptoms and diagnosis or treatment of the sickness or injury; (b) Provided for the diagnosis, or the direct care and treatment of the sickness or injury; (c) In accordance with the standards of good medical practice; (d) Not primarily for your convenience or that of your doctor; and (e) That are the most appropriate supply or level of service that can safely be provided.

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.

Usual, Reasonable and Customary Expense means (a) 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 (b) Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

You, Your or Yours means the Insured Student.

We, Us or Our means United States Fire Insurance Company.

Accident & Sickness Benefits

Eligible Covered Expenses are further subject to the Usual, Reasonable and Customary Charges (URC) and the chosen Policy Year Plan Deductible of \$500, \$1,000 or \$2,500.

	Premium	Basic
1 - Accident & Sickness Medical Expense <i>(Per Condition Applies to All Benefits Unless Specified)</i>	\$750,000	\$500,00
2 - Lifetime Maximum	None	None
3 - Co-insurance (Based on URC Unless Specified)	80%	70%
4 - Preventive Care		
Co-insurance	80%	None
Deductible in Addition to Plan Deductible	\$100	None
5 - Mental Health Expense (No Separate Deductible)		
Co-insurance	80%	70%
Benefit Maximum.....	\$100,000	\$50,000
6 - Prescription Drug Expense		
Co-insurance	80%	50%
Policy Year Deductible <i>(Applies Toward Plan Deductible)</i>	\$250	\$250
Benefit Maximum.....	\$10,000	\$1,000
7 - Emergency Room (the Deductible Will be Waived if Admitted)		
Co-insurance	80%	70%
Deductible <i>(In Addition to the Overall Plan Deductible)</i>	\$250	\$250
8 - Lab & X-ray (Includes MRI/Radiation & Chemotherapy)	80% to \$5000	70% to \$1000
9 - Physiotherapy (Up to a Maximum of 30 Visits)	80%	70%
10 - Inpatient & Outpatient Surgical Expense	80%	70%
11 - Inpatient & Outpatient Misc. Hospital Expense <i>(Room & Board subject to the Semi-Private Room Rate)</i>	80%	70%
12 - Anesthesia Expense	20% of Surgical	20% of Surgical
13 - Assistant Surgeon Expense	20% of Surgical	20% of Surgical
14 - Physician Office Visits (Inpatient & Outpatient)	80%	70%; \$75 per Day Max
15 - Pre-existing Conditions		
Look-back Period	6 Months	6 Months
Waiting Period.....	12 Months	12 Months
16 - Hernia	Covered	Covered
17 - Suicide	Covered	Covered
18 - Loss Due to Intoxication	Covered	Covered
19 - Injections	Covered	Covered
20 - Durable Medical Equipment	No Benefit	No Benefit
21 - Dental (Coverage to Sound & Natural Teeth Only)	80%	70%

Travel Assistance Services

The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour, emergency assistance services during the term of coverage under the student accident and sickness plan. The assistance services are provided by On Call International (OCI).

Emergency Medical Transportation Services are provided up to a combined maximum limit of \$50,000 for covered services. Key services include: Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, and Family or Friend Transportation Arrangements. All transportation related services; coverage and payments must be arranged and pre-approved by OCI.

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year. For more information, or a detailed list of services please call:

In the U.S., toll free: 1.866.509.7715

Worldwide, collect: 1.603.328.1728

Exclusions

No benefits will be paid for loss or expense caused by or resulting from:

- 1** - Injury of the primary insured covered under any student accident insurance policy underwritten by United States Fire Insurance Company.
- 2** - Any Sickness or Injury, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, unless continuous coverage is applied.
- 3** - Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
- 4** - Services covered or provided by the student health fee.
- 5** - Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury, unless specifically provided.
- 6** - Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
- 7** - Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
- 8** - Dental treatment, except as specifically provided for in the Schedule.
- 9** - War or any act of war, declared or undeclared, or while in the armed forces of any country.
- 10** - Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
- 11** - Injury of any covered person sustained while: (a) Participating in any school, professional or organized sports contest or competition, unless specifically listed in the Schedule; (b) Traveling to or from such sport, contest or competition as a participant; or (c) During participation in any practice or conditioning program for such sport, contest or competition.

Exclusions, *continued*

- 12 - Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
- 13 - Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless: (a) The services are rendered on an medical emergency basis; and (b) A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
- 14 - Injury caused by, or resulting from, the use of controlled substances, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
- 15 - Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
- 16 - Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
- 17 - Physiotherapy, except as specifically provided for in the Schedule.
- 18 - Braces and appliances, except as specifically provided for in the Schedule.
- 19 - Replacement braces and appliances.
- 20 - Assistant surgeon services, except as specifically provided for in the Schedule.
- 21 - Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
- 22 - That part of medical expense payable by any automobile insurance policy without regard to fault.
- 23 - Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and: (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (ii) The covered person is within a 25 mile radius of the site of the release either: At the time of the release; or Within 24 hours of the start of the release.
- 24 - Travel in or upon: (a) A snowmobile; (b) Any two- or three-wheeled motor vehicle; or (c) Any off road motorized vehicle not requiring licensing as a motor vehicle.
- 25 - Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
- 26 - Preventive medicines, serums, vaccines, unless specifically provided.
- 27 - Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- 28 - Rest cures or custodial care.
- 29 - Personal services such as television and telephone or transportation.

Pre-Existing Conditions Limitation

A "Pre-existing Condition" is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the 6 consecutive months prior to the effective date of the Insured Person's coverage under this Plan. The Pre-existing Condition Waiting Period is 12 months. Coverage will not be provided for a Pre-existing Condition until the Waiting Period has elapsed. The Pre-existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person's effective date. If the Insured Person receives treatment for a service for a Pre-existing Condition: (a) We will not pay benefits for such a condition until: the day after a 12 consecutive month period has passed from the Insured Person's effective date; (b) With respect to a pregnancy, the day after a 10 consecutive month period has passed from the Insured Person's effective date; and (c) We will pay only for Loss or Expense incurred after such 12 consecutive month period or ten (10) consecutive months with respect to pregnancy. A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Payment will be in accordance with the provisions of this Plan.

Exceptions

The Pre-existing Conditions exclusion does not apply to any of the following: (a) Genetic information in the absence of a diagnosis of a condition related to such information; (b) A covered newborn dependent child who, as of the last day of the 31-day period beginning with the date of birth, is covered under Creditable Coverage; or (c) A covered adopted dependent child under the age of 18, who, as of the last day of the 31-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage.

Excess Insurance

Your benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the covered expenses up to the limits of the policy. If there is other valid and collectible benefits available from any other source. We will pay any excess amount unpaid from Your primary insurance.

Continuous Coverage

If a Covered Person is continuously covered under the policy offered through the Policyholder or any other group plan, he will be covered for an Injury sustained or sickness first manifested while so covered. If You enroll for coverage offered through Your Policyholder within 63 days of the end of any preceding company's policy, You 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 of more than 63 days occurs.

Extension of Benefits

If a Covered Person is confined to a Hospital, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or until the maximum benefits of the policy, whichever occurs first.

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. 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 under this provision and do nothing to prejudice Our rights.

Appeal If we deny a claim for benefits, we will give you a written explanation. If you feel we are wrong, you have the right to appeal our decision. You must do this in writing.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insured's or former insured's to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information.

Claim Procedures

In the event of an Injury or Sickness:

- 1 - An Insured Member should report at once for treatment or advice.
- 2 - A claim form is required for filing a claim. Claim forms are available at www.klais.com.
- 3 - Mail the following items to the Claims Administrator at the address below:
 - Completed and signed claim form including the Insured's name and address.
 - All itemized medical and hospital bills.
- 4 - A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be considered.
- 5 - Charges incurred for prescription drugs are handled in the same manner as medical expense claims. A claim form and a copy of the detailed pharmacy receipt must be submitted for reimbursement.

SEND COMPLETED CLAIM TO:
Klais & Company, Inc.
1867 West Market Street, Akron, OH 44313
1.877.270.1159 • Website: <http://www.klais.com>

For Online Claims Status/Lookup:

www.klais.com

Premium Policy Group Number CP800B1/Basic Policy Group Number CP800C1

Remember that each injury or sickness is a separate condition and requires a separate claim form.

Conformity with State Statutes means any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

	First Health Preferred Provider Network	MAIL FORM TO: Klais & Company, Inc. Benefit Consultant and Administrators 1867 West Market Street Akron, Ohio 44313-6977 Tele: 800-331-1096	United States Fire Insurance Company
--	--	--	---

TO BE COMPLETED BY STUDENT

- School Name: _____ Policy #: _____
- Insured Student: _____ Group #: _____
- Local Address: _____
- Home Address: _____
- Date of Birth: ____/____/____ Local Phone: _____ Home Phone: _____
- Patient Status: Male Female Single Married Plan Member ID _____
 Is this Claim for a dependent? Yes No If yes, give name: _____
 Relationship: _____ Date of Birth: _____

COMPLETE THIS SECTION FOR ACCIDENT CLAIM

- Is this claim the result of an accident? Yes No If yes, give date of accident: ____/____/____ Time of Accident: _____
- Is this claim the result of a work-related injury? Yes No
 Is this claim the result of an auto accident? Yes No
 Is this claim the result of sports participation? Yes No If "yes" intercollegiate intramural club other
- Where did the accident occur? _____
 How the accident did happen? _____

COMPLETE THIS SECTION FOR SICKNESS CLAIM

- Name of physician: _____ Date of initial service: ____/____/____
- Description of Illness: _____
- Has the patient been treated for the above condition(s) in the last 12 months? Yes No
 If "yes" give condition(s) treated for and date(s) of treatment: _____

COMPLETE THIS SECTION FOR ALL CLAIMS (ACCIDENT OR SICKNESS)

- Is patient covered for benefits by any Group Health, Employer, Union, Welfare Plan or Parent Health Plan? Yes No
 Other coverage provided through: Name of Person _____ Relationship _____
 If answered "yes" please complete the following:
 Insurance Co. or Benefit Plan _____ Employer or Sponsor _____
 Address _____ Address _____
 Telephone: _____ Telephone _____
 Policy # _____ Please include a photocopy of other plan identification card, if available

COMPLETE THIS SECTION IF HEALTH CENTER REFERRAL IS NEEDED

- Date seen at health center ____/____/____/ Authorized signature _____
 I did not go to the health center because: (check one) I was not in the area it was an emergency the health center was closed
- I hereby authorize any Insurance Company, Organization, Employer, Hospital, Physician, Surgeon or Pharmacist to release any information requested with respect to this claim.

It is unlawful to knowingly provide false, incomplete or misleading facts or information regarding a claim for the purpose of defrauding or attempting to defraud to receive benefits. Penalties may include imprisonment, fines, denial of benefits and/or civil damages. For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature of Insured Student _____ Date _____ 20____

Patient's or Authorized Person's Signature _____ Date _____ 20____

<p align="center">COMPLETE THIS SECTION ONLY IF YOU WISH THE BENEFITS TO GO DIRECTLY TO THE PROVIDER(S)</p> <p>Authorization to Pay Benefits: I hereby authorize payment directly to: any physician or provider of service for which I am submitting attached billings and charges. For the expenses provided under my Group Medical Expense Benefits, I understand I am financially responsible for charges not covered by this authorization Signature _____</p>
