

STUDENT ACCIDENT AND SICKNESS INSURANCE

The Franklin Pierce University Accident and Sickness Insurance Plan, underwritten by United States Fire Insurance Co., and is administered by NAHGA, Inc., 303 Amherst St., Nashua, NH 03063. All students enrolled at Franklin Pierce University by 12:01 a.m. August 15, 2009 are insured from that date, on a 24-hour a day basis, to 12:01 a.m. August 15, 2010.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium.

Coverage terminates on the earlier of the Policy termination date or the date the insured is no longer an eligible person.

DEFINITIONS

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

Pre-existing Conditions means a medical condition, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended by or received from a Doctor within the 3-month period prior to the Effective Date of coverage for a Covered Person.

Sickness means illness or disease which first manifests itself or is diagnosed during the term of coverage for the covered person. Sickness includes complications of pregnancy. All related conditions and recurring symptoms of the same or a similar condition will be considered the same sickness.

ACCIDENT & SICKNESS REIMBURSEMENT COVERAGE

Covered expenses are the usual reasonable and customary charges for hospital, medical and surgical expenses incurred by a Covered Person while this policy is in force for a covered injury or sickness. The maximum aggregate benefit for all benefits for each covered Injury or Sickness is \$5,000.

1. Room and board expense for inpatient hospitalization, up to the semi-private room, beginning with the first day of confinement for each Injury or Sickness.
 - a) At Monadnock Hospital, payable at 100% of the Covered expenses actually incurred.
 - b) At hospitals other than Monadnock Hospital, payable at 80% of covered expenses.
2. Hospital miscellaneous expense, during each period of hospital confinement, up to a maximum benefit of \$1,500 for: use of operating, recovery and cystoscopic rooms and equipment; intensive care; diagnostic and therapeutic items; dressings and plaster casts; supplies and use of equipment in connection with oxygen, anesthesia, physiotherapy, chemotherapy, electrocardiographs, electroencephalographs, x-ray examinations and radiation therapy, laboratory and pathological examinations, blood products; medical services and supplies unless specifically excluded; and anesthesiologist expense.
 - a) At Monadnock Hospital, payable at 100% of the Covered Expenses.
 - b) At hospitals other than Monadnock Hospital, payable at 80%

- of Covered Expenses.
3. Outpatient services, up to a maximum benefit of \$500, for hospital services on the day surgery is performed to the extent that benefits for such services would have been provided if rendered to an inpatient of the hospital; hospital services rendered within 24 hours after an Injury; x-ray and lab tests to the extent that benefits for such services would have been provided if rendered to an inpatient of the hospital. All Hospital Outpatient visits that are not authorized by the College Health Center during office hours, will be subject to a \$25 per Sickness deductible. Deductible does not apply to weekends and evenings when the health center is closed or for medical emergency treatment.
 - a) At Monadnock Hospital, payable at 100% of the Covered Expense.
 - b) At hospitals other than Monadnock Hospital, payable at 80% of Covered Expense.
4. Doctor's fees for surgery payable at 100% of the Covered Expense, including assistant surgeon, up to \$1,000.
5. Doctor's visit expense payable at 100% of Covered Expense, limited to 1 visit per day and does not apply when related to surgery, up to a maximum benefit of \$500.
6. Prosthetic appliances, meaning artificial limbs or other prosthetic appliances, except replacements thereof, and rental and/or purchase of durable medical equipment required for therapeutic use, when approved by the Health Service, up to a maximum of \$200.
 - a) At Monadnock Hospital, payable at 100% of Covered Expense.
 - b) At hospitals other than Monadnock Hospital, payable at 80% of Covered Expense.
7. Ambulance expense, up to a maximum of \$150.
8. Prescription Drug expense, up to a maximum of \$150.
9. Dental expense for injury to natural teeth, payable at 100% of the Covered Expense, up to a maximum benefit of \$500.
10. Inpatient, outpatient and partial hospitalization treatment of Mental or Nervous Disorders, paid the same as Sickness for:
 - a) Confinement in a hospital, including psychiatric inpatient facilities, or a public mental hospital;
 - b) Services of a psychiatrist, licensed psychologist, licensed pastoral psychotherapist; psychiatric/mental health advanced registered nurse practitioner, licensed clinical mental health counselor, licensed alcohol and drug counselor, licensed marriage and family therapist, and licensed clinical social worker; and
 - c) Services rendered at a community mental health center or psychiatric residential program approved by the department of health and human services.
11. Treatment of chemical dependency, including alcoholism, paid the same as any other Sickness, on an inpatient and outpatient basis for detoxification and rehabilitation.

Additional 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.

Extension of Benefits: If a covered person is under the care and treatment of a doctor, 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 there has been paid the maximum benefit, whichever occurs first.

EXCLUSIONS

No benefits will be paid for loss or expense caused by or resulting from any of the following:

- Injury for a Covered Person covered under any student accident insurance policy underwritten by us;
- Pre-existing Conditions prior to the Term of Coverage for a Covered Person, unless Continuous Coverage is applied. Pre-existing Conditions means a medical condition, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended by or received from a Doctor within the 3-month period prior to the Effective Date of coverage for a Covered Person. Continuous Coverage is discussed at the end of this section;
- Services and supplies furnished normally without charge by the Group Policyholder's infirmary, its employees, or doctors who work for the Group Policyholder;
- Services covered or provided by the student health center or any employee of the student health center;
- Normal health checkups, preventive testing or treatment, and screening exams or tests in the absence of injury;
- Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems; and hearing examinations or hearing aids, or other treatment for hearing defects and problems unless payable as a covered expense associated with a sickness or injury covered herein;
- Dental treatment, except as specifically provided for in the Schedule;
- War or any act of war, declared or undeclared, or while in the armed forces of any country;
- 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;
- Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or riding in any kind of vehicle or device for aerial navigation, except while riding as a fare-paying passenger on a regularly scheduled flight of a commercial airline that maintains published schedules for a regularly established route;
- Treatment in, loss covered by, services and expenses:
 - a. In a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless rendered on a medical emergency basis and a legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance;
 - b. Covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
 - c. Paid or payable under other valid and collectible group insurance or medical prepayment plan.
- Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable herein;
- Any accidental injury where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program;

- Preventive medicines, serums, vaccines;
- Rest cures or custodial care; personal services such as television and telephone or transportation;
- Organ transplants; and expenses for experimental or investigative procedures;
- Expenses, treatment and services for sexual reassignment and sexual reassignment surgery; and infertility, including but not limited to: fertility tests; fertilization procedures; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in-vitro fertilization, embryo transfer or similar procedures that augment or enhance reproductive ability;
- Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices or gynecomastia, other than as specifically provided for in the Reconstructive Breast Surgery benefit;
- Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgery for removal of excess skin or fat and treatment of dehydration and electrolyte imbalance associated with eating disorders unless specifically provided for herein or mandated by state law;
- Expenses incurred for or related to services, treatment, education testing, or training related to learning disabilities or developmental delays; or
- Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; and expenses incurred for the treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain, unless otherwise provided herein.

Continuous Coverage - If a covered person was continuously covered under this or a similar preceding policy offered through the Franklin Pierce University, any 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.

NON-DUPLICATION OF BENEFITS

Claims in excess of \$300 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.

PERIOD OF COVERAGE

The policy will take effect on August 15, 2009, and will cease to be in force on August 15, 2010 at 12:01 A.M.

CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

- 1) If at the school, report immediately to Student Health Services so that proper treatment can be prescribed or approved.
- 2) Claims for emergency services will not be paid unless a student is referred to the Monadnock Hospital by the FPU Health Service during hours of operation or referred to the Hospital after hours by the FPU EMT. FPU insurance claim forms for use of off campus medical services will be made available through the FPU Health Services during hours of operation.

FPU students have the right to go directly to the emergency room, and are encouraged to do so in the event of a medical emergency

situation. However, any claims for use of the Monadnock Hospital emergency services will only be paid by the FPU insurance if it is determined to be a bona fide emergency (using clinical documentation and reasonable criteria for what constitutes such an emergency). In order for this to happen you will need to contact Lee Potter, Director of the FPU Health Services Center, Granite Hall: Lower Level (Phone ext. 4130) who will assist you in processing your claim.

- 3) If away from the School, consult a doctor and follow his advice. Notify Student Health Services within 30 days after the date of the covered accident or commencement of the covered illness or as soon thereafter as is reasonably possible.
- 4) Written proof of loss [itemized bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
- 5) Questions should be referred to Peggy Frank 800-952-4320, identify yourself as an F.P.U. student.

MONADNOCK COMMUNITY HOSPITAL

In order to better facilitate off-campus emergency, specialty care, and hospitalization services and control costs, an agreement was established by Franklin Pierce University with the Monadnock Community Hospital which provides discounted pricing to the Franklin Pierce University Accident and Sickness Plan. Inpatient hospitalization benefits and outpatient benefits will be paid at 100% of the Covered Expenses incurred at the Monadnock Community Hospital.

Franklin Pierce University students have an option to use local hospitals other than the Monadnock Community Hospital. Be advised that inpatient hospitalization benefits and outpatient benefits will be paid at 80% of Covered Expense incurred at hospitals other than Monadnock Community Hospital.

Note: Monadnock Community Hospital does not have a mental health treatment facility.

NOTE

All claims and inquiries are to be directed to:
Peggy Frank
NAHGA CLAIM SERVICES
P.O. Box 189 • BRIDGTON, ME 04009-0189
800-952-4320

Administrator

NAHGA, Inc.
303 Amherst Street • Nashua, NH 03063-1722
603-595-2042 • 800-920-4456

The Plan is underwritten by:

United States Fire Insurance Co.
by Fairmont Specialty, a Division of Crum & Forster

IMPORTANT

THIS BROCHURE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS.

THE MASTER POLICY IS ON FILE AT THE SCHOOL.

STUDENT INSURANCE

Franklin Pierce University Health Services & Outreach Center



FranklinPierce
UNIVERSITY

POLICY # US005033