

2. Eyeglasses or prescriptions therefore or other equipment for corrective treatment of sight.
3. War or any act of war (whether declared or undeclared) or while in military (air, land or sea) service, participation in riots or civil disorders.
4. Suicide (sane or insane) or intentional self-inflicted injuries.
5. Services paid for by or rendered by the Student Health Center, preventive medicines or vaccines.
6. Injury or sickness due to air travel except as a passenger on a regularly scheduled flight of a commercial airline.
7. Losses for which the Insured is entitled to indemnity under any Workers' Compensation Law or any similar law.
8. Elective or cosmetic surgery except plastic surgery required as a result for accidental bodily injury sustained during the term of the policy.
9. Injury sustained through motor vehicle accident which is covered by other applicable insurance (other applicable insurance does not include automobile liability insurance).
10. Injury resulting from the use of narcotics or drugs not prescribed by a physician.
11. Injuries sustained during the play or practice of intercollegiate athletics and travel connected therewith. (A separate policy will provide coverage for intercollegiate athletics).

Preexisting Conditions Limitation—Benefits are not payable for expenses incurred as the result of a preexisting condition for the first twelve months following the effective date of the Insured's coverage, unless the insured has been treatment free for that condition during the twelve months immediately preceding the effective date of coverage.

However, if during the period immediately preceding the effective date of coverage under this plan, the Insured was covered under a prior individual or group policy providing hospital, medical and surgical or major medical coverage on an expense incurred basis, he or she will be given credit for the time so covered. That prior coverage will apply toward satisfying the above preexisting condition limitation. The prior coverage will apply toward the Preexisting Condition Limitation only if it was continuous to a date not more than 63 days prior to the effective date of coverage under this policy, exclusive of any applicable waiting period.

Note: Coverage for hernia is provided under the benefits for sickness.

Note: Benefits for multiple surgical procedures performed within the same operative field are limited to 150% of the amount payable for the primary procedure.

NONDUPLICATION OF BENEFITS PROVISION

The Policy will not duplicate benefits for expense covered by any Other Valid and Collectible medical, health or accident insurance or prepayment plan. The Company's liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total

benefits payable by Other Valid and Collectible Insurance on an expense incurred or provision of service basis. Benefits payable under the Policy will be excess and secondary to such other coverage.

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Ray Jones, 804-730-1727 when you need such certification.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

Represented by:

Raymond C. Jones, Jr., CLU
Ray Jones & Associates

6403 Thrasher Way • Mechanicsville, VA 23111

Underwritten and Claims Administered by:

**COMMERCIAL TRAVELERS
 MUTUAL INSURANCE COMPANY**

70 Genesee Street • Utica, New York 13502
 1-800-756-3702

as policy form # SH-J1A15

*For a copy of the Company's or Claims
 Administrator's privacy notice you may:*

go to

www.commercialtravelers.com/privacy.html

or

Request one from the Health office at your school

or

Request one from:

Commercial Travelers Mutual Insurance Company
 c/o Privacy Officer
 70 Genesee Street
 Utica, NY 13502

*(Please indicate the school you attend
 with your written request.)*

*Representations of this plan
 must be approved by the Company.*

Student Accident and Sickness Insurance



Effective for the Academic Year

from

August 23, 2008

to

May 23, 2009

Policy Number 2008J1A15



FERRUM COLLEGE

08-J1A15 (Bro.)

ACCIDENT AND SICKNESS INSURANCE

ELIGIBILITY

All students attending Ferrum College are automatically enrolled for up to \$500.00 in medical benefits for each separate Accident. Additional Accident and Sickness benefits, described below, are available to all full-time students and part-time students taking more than 6 academic credit hours. **Full-time** on campus students who do not wish the additional benefits **must return a signed waiver form (enclosed) before September 1, 2008 AND a copy of a valid insurance card to avoid being charged for the coverage.** If full-time status changes before September 26, 2008, the part-time eligibility will apply as stated below.

Part-time students who are taking more than six (6) credit hours as of September 26, 2008 **must contact the Health Center to obtain coverage.**

COVERAGE

This plan provides protection 24 hours per day during the term of the policy for each student insured. Students are covered on and off the campus, at home, or while traveling between home and school and during interim vacation periods.

In addition to the \$500.00 Accident Medical Expense benefit provided by the College, the following Accident and Sickness coverage is available to students who enroll and pay the applicable premium therefore.

ACCIDENT

For the additional premium stated in this brochure, this Plan will provide reimbursement for the next \$3,000.00 of expenses for each separate Accident which occurs while coverage is in force, to cover eligible expenses for medical treatment incurred as a result of accidental bodily injury which causes loss sustained during the term of the policy. Payment includes charges for treatment performed within 52 weeks from the date of accident, provided such treatment commences within 90 days following the date of accident, covering cost of:

- Medical and Surgical treatment by physician.
- Hospital confinement (semi-private room) and services of a trained registered nurse (R.N.).
- Miscellaneous hospital expenses: operating room anesthetics, x-rays, drugs, medicines, etc.
- Dental treatment made necessary by injury to natural teeth, limit \$500.00.
- Other medically necessary services or supplies (i.e., prescription drugs, casts, dressings, etc.)

SICKNESS

When because of a covered sickness or disease causing loss during the term of policy, a student who is enrolled for the additional insurance under this plan shall require medical treatment within fifty-two weeks from the date of the first treatment, the actual eligible expense of such treatment shall be paid by the insurance plan according to the following

benefits. Expenses due to pregnancy are covered under the same terms and conditions as any other sickness.

- Hospital room & board not to exceed 30 days for each sickness, daily rate up to \$425.00
- Miscellaneous hospital expenses while confined in hospital including operating room, anesthetics, laboratory tests, x-ray examination, medicines, drugs, & including ambulance, up to \$3,000.00
- Surgeon's fees for operations due to sickness from \$7.50 to \$3,000.00 according to Surgical Schedule attached to the master policy, payable in or out of hospital.
- Inpatient Physician's fees, \$40.00 per visit, one visit per day, for sickness not requiring surgical operation while student is confined as a resident hospital inpatient, up to \$1,200.00
- Outpatient Miscellaneous Expenses when surgery is performed, per sickness, up to \$1,000.00
- Outpatient Physician's Fee, when referred by College Health Center, when Health Center is closed, or when student is off campus, per sickness, up to \$100.00
- Outpatient Prescription Expense (including prescription contraceptives) when prescribed by the attending physician, per sickness, up to . . \$50.00
- Emergency Room expenses, when referred by College Health Center, when Health Center is closed, or when student is off campus, per sickness to \$125.00
- Diagnostic x-ray, and/or laboratory examinations that are performed in doctor's office or hospital outpatient department when sickness does not require hospital confinement, each sickness up to \$200.00

MENTAL HEALTH AND SUBSTANCE ABUSE COVERAGE

INPATIENT: Benefits for inpatient treatment are payable on the same basis as any other sickness, limited to 30 days per policy year. Up to 10 days may be converted, when medically necessary, to partial hospitalization (1.5 days of partial hospitalization for each inpatient day).

OUTPATIENT: Benefits for outpatient treatment are payable on the same basis as any other sickness.

MANDATED BENEFITS

The following benefits are mandated in the state of Virginia. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Mastectomy Coverages; Breast Cancer Transplants; Treatment of Hemophilia; Clinical Trial Costs for

Cancer Treatment Studies; Off-Label Drug Treatments for Cancer and Covered Indications; Treatment of Morbid Obesity; Hospice Care; General Anesthesia and Hospitalization for Dental Care for certain insureds; Mental Health and Substance Abuse; Treatment of Biologically-based Mental Illness; Treatment of Lymphedema; Treatment Involving Bones and Joints of the Head, Neck, Face or Jaw; Hysterectomy Coverage; Prescription Contraceptives; and Diabetes Equipment, Supplies and Service.

See the Policy on file with the school for further details on these benefits.

CLAIM PROCEDURE

In the event of accident or sickness, student should:

- Report at once to the College Health Center.
- If away from College, consult a qualified doctor, notify College Health Center at once.
- Prompt notification of claims for accident or sickness should be furnished Commercial Travelers Mutual Insurance Company. Completed claim forms with all medical bills attached must be submitted within 90 days of accident or commencement of sickness.
- Claim payments are automatically assigned to hospital and/or doctor unless otherwise notified in writing when filing claim.
- To check claim status online, go to:
www.studentplanscenter.com

Instructions and forms for filing claims are at the College.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator at the address listed on the back panel.

STUDENT PREMIUM RATES

(Includes all administrative fees)

August 23, 2008 to May 23, 2009 \$170.00
January 3, 2009 to May 23, 2009 \$85.00

No premium refunds are permitted, except when the student enters the Armed Forces, in which case a prorata refund will be made on request.

LIMITATIONS AND EXCLUSIONS

The insurance plan does not cover:

- Dental care or treatment unless as a result of a covered injury to natural teeth, limit \$500.00.