



Designed especially
for the domestic
students attending
Private Secondary
Schools in New
Hampshire



DOMESTIC STUDENT

Blanket Injury & Sickness Insurance Plan

**Usual, Reasonable &
Customary Premier Plan**

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Privacy Policy

We know that your privacy is important to you, and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at (800) 730-2417.

Eligibility

Who is Eligible: Any student, who was born in the United States, and whose permanent residence is in the United States, and who is affiliated with a private secondary school is eligible to purchase and participate in the plan.

To be Eligible, the Student Must Be: Enrolled in credit courses, a school sponsored camp or program of the participating institution or have been or will be enrolled in the school offered plan within 45 days.

The Company maintains its right to investigate student status to verify that the Policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is a refund of premium.

Effective and Termination Dates

Each participating private secondary school may have a different effective date. The Policy allows for an effective date no earlier than July 1, 2026, and not later than September 30, 2026. Coverage is available for 12 months from the school's effective date. The Covered Person should check with the school they are attending for specific dates of coverage.

Coverage becomes effective on the first day of the period for which premium is paid or at 12:01 am on the student's chosen effective date, whichever is later. Coverage terminates at 11:59 pm on the student's chosen termination date, the date the Covered Person ceases to be eligible, or at the end of the period through which premium is paid, whichever is earlier.

The coverage is provided by a Non-Renewable Term Policy.

Extension of Benefits after Termination

If a Covered Person is under the care and treatment of a Physician and Hospital confined on the Termination Date of the Policy, benefits will continue to be paid for that condition for a period of up to 90 days, or up to discharge from the Hospital or the maximum benefit has been paid, whichever occurs first.

General Features and Plan Specifications

Accident and Sickness Medical Expense Benefits

Area of Coverage	Worldwide
Maximum Benefit	Unlimited
Deductible	\$2,000
Coinsurance	100% of Usual, Reasonable and Customary charges, except as noted below
Initial Treatment Period	90 Days from the date of Injury provided the Injury occurs prior to the Expiration Date and care is Medically Necessary

The coverage provides benefits for the Covered Medical Expenses incurred by a Covered Person for loss due to a covered Accident or Sickness up to the Maximum Benefit.

Schedule of Benefits

Benefits will be paid up to the Maximum Benefit for each service in the Schedule of Benefits, below:

Hospitalization and Inpatient Benefits

Benefit Coverage

Hospital Room & Board Benefit	100% of semi-private daily room rate
Hospital Miscellaneous Expense Benefit	100% of URC
Intensive Care Unit/Pediatric Care Benefit	100% of URC
Surgeon Benefit <i>Two (2) or more surgical procedures through the same incision will be considered as one (1) procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one (1) benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries</i>	100% of URC
Assistant Surgeon Benefit	100% of URC up to 30% of surgeon allowance
Anesthesia Benefit	100% of URC

Benefit Coverage

Pre-Admission Testing Benefit – payable within 7 days prior to admission	100% of URC
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Alcohol & Drug Abuse Expense Benefit	100% of URC
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Mental or Nervous Conditions Expense Benefit	100% of URC
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Emergency Benefits**Benefit Coverage**

Emergency Room Benefit	100% of URC
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Ambulance Benefit	100% of Actual Charges
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*Accidental Dental Expense Benefit <i>Limited to Injury to Natural Teeth</i>	100% of URC
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Outpatient Benefits**Benefit Coverage**

Surgeon Benefit <i>Two (2) or more surgical procedures through the same incision will be considered as one (1) procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one (1) benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries</i>	100% of URC
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Assistant Surgeon Benefit	100% of URC up to 30% of surgeon allowance
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Anesthesia Benefit	100% of URC
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Day Surgery Miscellaneous Benefit	100% of URC
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Physician Visit Benefit	100% of URC
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Consultant Physician Benefit	100% of URC
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Nursing Services	100% of URC
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Wellness Medical Expense Benefit <i>Plan deductible does not apply</i>	100% of URC
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Benefit Coverage

Injections Benefit <i>When administered in the Physician's office and charged on the Physician's statement</i>	100% of URC
Wellness Medical Expense Benefit	100% of URC
Urgent Care Benefit	100% of URC
Interscholastic Sports Benefit <i>*Any other benefit payable in conjunction with this Benefit is subject to the maximum benefit amount defined herein</i>	100% of URC
Physiotherapy Expense Benefit <i>60 visit maximum per Policy Year</i>	100% of URC
Durable Medical Equipment Expense Benefit	100% of URC
Diagnostic X-Ray and Laboratory Benefit	100% of URC
*Radiation/Chemotherapy Therapy Expense Benefit	100% of URC
*Outpatient Prescription Drug Expense Benefit <i>Plan deductible does not apply</i>	\$0 copay per prescription limited to a 30-day supply <i>(When utilizing a CVS Caremark Pharmacy)</i> 100% of Charges at a non- CVS Caremark Pharmacy, limited to a 30-day supply
*Diabetes Treatment Expense Benefit	100% of URC
Maternity and Pre-Natal Care Expense Benefit	Covered as any other Sickness
Alcohol & Drug Abuse Expense Benefit	100% of URC
Mental or Nervous Conditions Expense Benefit	100% of URC
Emergency Medical Evacuation/Return of Mortal Remains	100% of Actual Expense
*Contraceptive Services and Devices Benefit	Covered at 100%
*Early Intervention Services Benefit	100% of URC
*Hearing Aid Benefit	Covered at 100%
*Dental Procedures Benefit	100% of URC
*Prosthetic Devices Benefit	100% of URC
*Scalp Hair Prosthesis Benefit	100% of URC

Benefit Coverage

*Non-Prescription Enteral Formulas and Low-Protein Foods Benefit	100% of URC Amount not to exceed \$1,800 annually per Covered Person
*Blood Lead Testing Benefit	100% of URC
*Perfluoroalkyls (PFAS) and Perfluorinated Compound (PFC) Blood Testing Benefit	100% of URC
*Epinephrine Auto-Injector Benefit	100% of URC
*Long-Term Antibiotic Therapy Tick-Borne Illness Benefit	100% of URC
*Qualified Clinical Trials Benefit	100% of URC
*Obesity and Morbid Obesity Benefit	100% of URC
*Testing for Bone Marrow Donation Benefit	Covered at 100%

****Asterisk indicates a state-mandated benefit. All mandated state benefits, whether appearing here or not, will be provided per the laws of the state of New Hampshire.***

Accidental Death and Dismemberment

If within 365 days from the date of an Accident covered by the Policy, an Injury from such Accident, results in Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which He/She/They is/are entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

Any benefit payable under this part will be in addition to any benefit otherwise payable under the Policy. This benefit is subject to all of the definitions, limitations, exclusions and other provisions of the Policy.

Principal Sum	\$10,000
Time Period for Loss	365 Days

Loss of:	Benefit: Percentage of Principal Sum
Life	100%
Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand or One Foot and Entire Sight of One Eye	100%
One Hand or One Foot	50%
Entire Sight of One Eye	50%
Thumb and Index Finger of Same Hand	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Severance means the complete separation and dismemberment of the part from the body.

Prescription Drug Information

Outpatient Prescription Drug Expense Benefit – Participating PBM Pharmacy

Benefits are available for outpatient Prescription Drugs, subject to the benefit amounts shown in the Schedule of Benefits, if any, for a Prescription Drug or medication when prescribed by a Physician on an Outpatient basis when dispensed by a CVS/Caremark pharmacy.

Prescription Medication must be obtained from a CVS/Caremark Pharmacy

Present your Medical Identification card to the pharmacist at the time of purchase. The pharmacy will bill TSS directly for your prescription. See the section titled, "How to File a Claim" for information on Prescription Medication Claims. A list of participating pharmacies can be viewed at: www.totalscholasticsolutions.com

Outpatient Prescription Drug Expense Benefit – Non-Participating PBM Pharmacy

We will pay benefits as shown in the Schedule of Benefits for a Prescription Drug or medication when prescribed by a Physician on an Outpatient basis. Present your Medical Identification card to the pharmacist at the time of purchase. The pharmacy will bill TSS directly for your prescription.

Description of Benefits

Hospital Room & Board Benefit: Hospital Room and Board expenses will include floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.

Hospital Miscellaneous Expense Benefit: Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies; and blood and blood transfusions. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

Intensive Care Unit/Pediatric Care Benefit: This benefit will include expenses for confinement in an Intensive Care Unit/Pediatric Care Unit. This is in lieu of payment for the Hospital Room and Board charges for those days and includes nursing services.

Surgeon (in or outpatient) Benefits: This benefit includes expenses for a Physician for primary performance of a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

Assistant Surgeon Benefit: This benefit includes expenses, if in connection with an operation, the services of an Assistant Surgeon are required.

Anesthesia Benefit: This benefit includes pre-operative screening and administration of anesthesia during a surgical procedure whether on an Inpatient or Outpatient basis.

Pre-Admission Testing Benefit: We will pay benefits for charges for Pre-admission testing (Inpatient confinement must occur within 7 days of the testing).

Emergency Room Benefit: Means a trauma center or special area of a Hospital that is equipped and staffed to give people Emergency Treatment on an Outpatient basis. An Emergency Room is not a clinic or Physician's office.

Services including physician charges and related x-ray/laboratory interpretations will be paid under this benefit.

Ambulance Benefit: Use of a community or Hospital ambulance for Emergency Treatment within the metropolitan area at the time of service. Ambulance service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Emergency Treatment 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.

Accidental Dental Expense Benefit: We will pay benefits for dental treatment due to sustaining an Injury to Natural Teeth and gums when the course of treatment for the accidental Injury is received or authorized within three (3) months of the date of the Injury. Treatment made necessary due to Injury to the jaw and oral structures other than teeth will be covered without time limit.

Day Surgery Miscellaneous Benefit: Services and supplies such as the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies, on an Outpatient basis.

Physician Visit Benefit: Inpatient or Outpatient.

Consultant Physician Benefit: Must be deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis.

Nursing Services: Outpatient Charges for nursing services by a Nurse.

Injections Benefit: Injections, when administered in the Physician's office and charged on the Physician's statement. This does not include immunizations for preventive care or surgical injections.

Wellness Medical Expense Benefit: Coverage is limited to the following expenses incurred subject to Exclusions. This benefit is not subject to Deductible or Coinsurance. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage. Covered wellness expenses include: 1. Routine physical examinations: per Plan term which includes, routine physical examination, laboratory tests, x-rays and blood pressure screening; 2. Preventive medical attention includes: annual screening mammogram; an annual cervical screening for women; a gynecological exam for women; sports exams; Immunizations and vaccines.

Urgent Care Benefit: Means a walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional Emergency Room. Urgent care centers primarily treat Injuries or Sickneses requiring immediate care, but not serious enough to require an Emergency Room visit.

Interscholastic Sports Activity Benefit: Means 1. Taking part in a regularly scheduled athletic game or competition; or practice session for an athletic team or club; 2. Traveling to or from such a game, competition or practice session provided he is traveling with the athletic team or club; and under the direct and immediate

supervision of the athletic team or club; or an adult authorized by the athletic team or club; or 3. Traveling directly, without interruption between his home and a scheduled game, competition or practice session; In a vehicle which is designated or furnished by the athletic team or club; operated by a properly licensed, adult driver; or under the direct supervision of the athletic team or club; or in a vehicle other than that described in 3. when operated by a properly licensed driver; and travel time does not exceed 12 hour(s) each way. Travel time includes the time to or from home, a scheduled game, competition or practice session; before required attendance time; after the Covered Person is dismissed; and after the Covered Person completes extra duties assigned by the school.

Physiotherapy Expense Benefit: Means charges for physiotherapy if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed Physician. Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, acupuncture, massage or any form of physical therapy.

Durable Medical Equipment Expense Benefit: Includes the purchase or rental of Durable Medical Equipment. In no event shall we pay rental charges in excess of the purchase price. Any rental charges paid will be applied toward the cost of the purchase price if the equipment is purchased at a later date. We do not pay for the replacement of Durable Medical Equipment. Durable Medical Equipment which includes oxygen and equipment, braces and appliances and medical equipment that: 1) is prescribed by the Physician who documents the necessity for the item including the expected duration of its use; 2) can withstand long-term repeated use without replacement; 3) is not useful in the absence of an Injury or Sickness; and 4) can be used in the home without medical supervision.

Diagnostic X-Ray Benefit: Diagnostic x -ray examinations and services.

Laboratory Benefit: Laboratory testing and services.

Radiation/Chemotherapy Therapy Expense Benefit: For services and drugs used in antineoplastic therapy and the cost of its administration. Coverage is provided for any drug approved by the Federal Food and Drug Administration (FDA), regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug was approved by the FDA, so long as: 1) the drug is ordered by a Physician for the treatment of a specific type of neoplasm; 2) the drug is approved by the FDA for use in antineoplastic therapy; 3) the drug is used as part of an antineoplastic drug regimen; 4) current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment; and 5) the Physician has obtained informed consent from the patient or parent, guardian, or Power of Attorney for the treatment regimen that includes FDA-approved drugs for off-label indications.

Outpatient Prescription Drug Benefit: Prescription Drug means a drug which: 1) Under Federal law may only be dispensed by written prescription; and 2) Is utilized for the specific purpose approved for general use by the Food and Drug Administration. The Prescription Drug must be dispensed for the Outpatient use by the Covered Person: 1) On or after the Covered Person's Effective Date; and 2) By a licensed pharmacy provider.

However, We will not exclude coverage for any such drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature. We do not provide coverage for any drug if the FDA has determined its use to be contraindicated for the treatment of

the particular indication for which the drug has been prescribed; and for experimental or investigational drugs not approved for any indication by the FDA.

We will allow Covered Persons to purchase (retail or mail-order) an up to ninety (90) day supply of covered Prescription Drugs at one (1) time at a Participating PBM pharmacy provided that the Covered Person can demonstrate that such drug has been taken by the Covered Person for a continuous period of one (1) year and provided that such drug is not subject to utilization review. Controlled substances as defined by the United States Drug Enforcement Administration (USDEA) are not subject to this.

We also provide coverage for one (1) early refill of a prescription for eye drops if the following criteria are met:

(a) For prescription eye drops dispensed as a 30-day supply, the Covered Person requests the refill no earlier than twenty-one (21) days after the later of the following dates:

- (1) The date the original prescription was dispensed to the Covered Person; or
- (2) The date that the most recent refill of the prescription was dispensed to the Covered Person;

(b) For prescription eye drops dispensed as a 90-day supply, the Covered Person requests the refill no earlier than sixty-three (63) days after the later of the following dates:

- (1) The date the original prescription was dispensed to the Covered Person; or
- (2) The date that the most recent refill of the prescription was dispensed to the Covered Person;

(c) The prescribing Physician indicated on the original prescription that a specific number of refills are authorized;

(d) The refill requested by the Covered Person does not exceed the number of refills indicated on the original prescription;

(e) The prescription has not been refilled more than once during the 30-day or 90-day period prior to the request for an early refill.

Diabetes Treatment Expense Benefit: Means Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Physician. Such supplies include: blood glucose monitors, blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading, urine test strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices or oral agents for controlling blood sugar. We also cover charges for expenses incurred for diabetes self-management education.

Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Physician diagnoses a significant change in the Covered Person's symptoms or conditions which necessitates changes in a patient's self-management or upon determination that reeducation or refresher education is necessary. Diabetes self-management education may be provided by a Physician or the Physician's office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietician, or registered dietician. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits.

Maternity and Pre-Natal Care Expense Benefit: Covered Expenses incurred before, during, and after delivery of a Newborn Infant, including Physician, certified nurse midwife, licensed midwife, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Covered Person and her Newborn Infant in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Covered Person's attending Physician determines further Inpatient postpartum care is not necessary for the Covered Person or her Newborn Infant provided the following are met:

- 1) In the opinion of the Covered Person's attending Physician, the Newborn Infant meets the criteria for medical stability in the latest edition of "Guidelines for Perinatal Care" prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of: a) The antepartum, intrapartum, postpartum course of the mother and Newborn Infant; b) The gestational stage, birth weight, and clinical condition of the Newborn Infant; c) The demonstrated ability of the mother to care for the Newborn Infant after discharge; and d) The availability of post discharge follow up to verify the condition of the Newborn Infant after discharge; and
- 2) One (1) at-home post-delivery care visit is provided to the Covered Person at her residence by a Physician or Nurse performed no later than forty-eight (48) hours following discharge of the Covered Person and her Newborn Infant from the Hospital. Coverage for this visit includes, but is not limited to: a) Parent education; b) Assistance in training in breast or bottle feeding; and c) Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Covered Person or Newborn Infant, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Covered Person's discretion, this visit may occur at the Physician's office.)

We will also pay benefits for Medically Necessary postnatal homemaker services as determined by the attending Physician.

Alcohol and Drug Abuse Expense Benefit: We will pay for such treatment as follows:

Inpatient Hospital Confinement: Means (i) a Hospital; or (ii) a Detoxification Facility for the treatment of Alcohol Abuse or Drug Abuse. The Confinement must be in a licensed or certified facility, including Hospitals.

Outpatient Alcohol and Drug Services: For the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency. Outpatient Treatment and Physician services include charges for services rendered in a Physician'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 Physician or a licensed psychologist who certifies that a Covered Person needs to continue such treatment.

Alcohol Abuse means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Drug Abuse means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Detoxification Facility means a facility that provides direct or indirect services to an acutely Intoxicated individual to fulfill the physical, social and emotional needs of the individual by: a) monitoring the amount of alcohol and other toxic agents in the body of the individual; b) managing withdrawal symptoms; and c) motivating the individual to participate in the appropriate addictions treatment programs for Alcohol and Drug Abuse.

Court-ordered services for minors are covered, subject to the conditions of this Policy.

Mental or Nervous Conditions Expense Benefit: For treatment of a Mental or Nervous Condition as follows:

Benefits for Inpatient Hospital Confinement: The confinement must be in a licensed or certified facility, including Hospitals.

Outpatient treatment of Mental and Nervous Conditions: The Mental and Nervous Condition must, in the professional judgment of healthcare providers, be treatable, and the treatment must be Medically Necessary. Outpatient treatment and Physician services include charges made by an Outpatient treatment department of a Hospital, or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other provider as required by law. One visit per day.

Biologically Based Mental Sickness means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness. We will pay the covered percentage of the Covered Expenses incurred for treatment of biologically based mental Sickness, including: a) Schizophrenia; b) Schizoaffective disorder; c) bipolar affective disorder; d) major depressive disorder; e) specific obsessive-compulsive disorder; f) delusional disorders; g) obsessive compulsive disorders; h) binge eating, anorexia and bulimia; and i) panic disorder; j) chronic post-traumatic stress disorder; k) pervasive developmental disorder or autism; l) Obsessive-compulsive disorder, including pediatric autoimmune neuropsychiatric disorders, when treatment, including the use of intravenous immunoglobulin therapy, is ordered by a Physician.

Treatment of pervasive developmental disorder or autism includes the following:

- (1) Professional services and treatment programs, including applied behavioral analysis, necessary to produce socially significant improvements in human behavior or to prevent loss of attained skill or function. To be eligible for coverage, applied behavior analysis must be provided by a person professionally certified by the national Behavior Analyst Certification Board or performed under the supervision of a person professionally certified by the national Behavior Analyst Certification Board.
- (2) Prescribed pharmaceuticals subject to the same terms and conditions of the policy as other prescribed pharmaceuticals.
- (3) Direct or consultative services provided by a licensed professional including a licensed psychiatrist, licensed advanced practice registered nurse, licensed psychologist, or licensed clinical social worker; and
- (4) Services provided by a licensed speech therapist, licensed occupational therapist, or licensed physical therapist.

We may require submission of a treatment plan, including the frequency and duration of treatment, signed by the primary care provider, an appropriately credentialed treating specialist, a child psychiatrist, a pediatrician

with a specialty in behavioral-developmental pediatrics, a neurologist with a specialty in child neurology, or a licensed psychologist with training in child psychology, that the treatment is Medically Necessary for the Covered Person and is consistent with nationally recognized treatment standards for the condition such as those set forth by the American Academy of Pediatrics. We may require an updated treatment plan no more frequently than on a semi-annual basis.

Coverage will not be denied on the basis that services are habilitative in nature.

Emergency Room Boarding: Following the completion of an involuntary admission certificate for a Covered Person, We will pay the acute care hospital a per diem day rate required to board and care for the Covered Person for each day the Covered Person is waiting in an acute care medical hospital located in the state for admission for psychiatric treatment at New Hampshire Hospital, a community-based designated receiving facility, or a voluntary admission. The day rate required to board and care for the Covered Person may be billed for up to twenty-one (21) consecutive days or discharge, whichever is sooner, and will be renewed as needed for patient protection.

Emergency Medical Evacuation: If the local attending legally qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment. If the Covered Person is traveling alone and will be hospitalized for more than 4 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, economy transportation, for a single visit to and from the Covered Person's bedside.

Return of Mortal Remains: In the event of the Covered Person's death, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of their remains to their primary place of residence in the United States of America or to the place of burial.

Contraceptive Services and Devices Benefit: We will pay benefits for Outpatient Contraceptive Services.

Outpatient Contraceptive Services means consultations, examinations, and medical services, provided on an Outpatient basis, including the initial screening provided through a pharmacy and related to the use of contraceptive methods to prevent pregnancy which have been approved by the U.S. Food and Drug Administration.

We will pay benefits for Contraceptive Drugs and Contraceptive Devices. Coverage will include contraceptives dispensed in a quantity intended to last for a twelve (12) month period, if prescribed in that quantity.

We will not impose utilization review requirements or other limitations to control the prescribing or dispensing of Contraceptive Drugs and Contraceptive Devices to an amount that is less than a twelve (12) month supply, if that quantity is prescribed.

Early Intervention Services Benefit: We will pay benefits for expenses arising from the services of licensed and credentialed occupational therapists, physical therapists, speech-language pathologists, and clinical social workers working with children from birth to thirty-six (36) months of age with an identified developmental disability and/or delay.

Hearing Aids Benefit: We will pay benefits for the professional services associated with the practice of fitting, dispensing, servicing, or sale of hearing instruments or hearing aids by a hearing instrument dispenser or other hearing care professional. We will cover the cost of a hearing aid for each ear, as needed, as well as related services necessary to assess, select, and fit the hearing aid with a maximum for the hearing aid and related services of no less than \$1,500 per hearing aid. The Covered Person may choose a higher price hearing aid and pay the difference in cost. The hearing aid will be prescribed and dispensed by a licensed audiologist or hearing instrument specialist.

Dental Procedures Benefit: We will pay benefits for Medically Necessary hospital or surgical day care facility charges and administration of general anesthesia administered by a licensed anesthesiologist or anesthesiologist for dental procedures performed on a Covered Person who:

1. Is under the age of thirteen (13) who is determined by a licensed Dentist in conjunction with a licensed Physician to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or Hospital setting; or
2. Is a person who has exceptional medical circumstances or a developmental disability as determined by a licensed Physician which places the person at serious risk.

Prosthetic Devices Benefit: We will pay benefits for Prosthetic Devices including Activity-Specific Prosthetic Devices, for Covered Persons under 19 years of age, who are residents of this state.

Activity-Specific Prosthetic Device means a prosthetic device designed to allow an individual to participate in a specific activity that could damage the residual limb or everyday prosthesis, or when the everyday prosthesis would not function effectively to perform that specified activity.

Prosthetic Device means an artificial limb device to replace, in whole or in part, an arm or leg.

Scalp Hair Prostheses Benefit: We will pay benefits for Medically Necessary Scalp Hair Prostheses worn for hair loss suffered as a result of alopecia areata, alopecia totalis, alopecia medicamentosa resulting from the treatment from any form of cancer or leukemia, or permanent loss of scalp hair due to Injury.

Scalp Hair Prostheses means artificial substitutes for scalp hair that are made specifically for a specific individual.

Non-Prescription Enteral Formulas and Low-Protein Foods Benefit: We will pay benefits for nonprescription enteral formulas for the treatment of impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract. Such coverage will be provided when the prescribing Physician has issued a written order stating that the enteral formula is needed to sustain life, is Medically Necessary, and is the least restrictive and most cost effective means for meeting the needs of the patient.

Coverage for inherited diseases of amino acids and organic acids will also include food products modified to be low protein in an amount not to exceed \$1,800 annually for a Covered Person.

Blood Lead Testing Benefit: We will pay benefits for blood lead testing. Benefits provided will include any follow-up blood lead testing that is necessary to complete the preventive screening when the initial blood lead testing indicates an elevated blood lead level or is inconclusive.

Perfluoroalkyls (PFAS) and Perfluorinated Compound (PFC) Blood Testing Benefit: We will pay benefits for perfluoroalkyls (PFAS) and perfluorinated compound (PFC) blood testing.

Epinephrine Auto-Injector Benefit: We will pay the cost of an epinephrine auto-injector, which is a single-use device used for the automatic injection of a pre-measured dosage of epinephrine into the human body.

Long-Term Antibiotic Therapy Tick-Borne Illness Benefit: We will pay benefits for long-term antibiotic therapy for tick-borne illness when determined to be medically necessary and ordered by a licensed infectious disease Physician after making a thorough evaluation of the patient's symptoms, diagnostic test results or response to treatment. Long-term antibiotic therapy consists of the administration of oral, intramuscular, or intravenous antibiotics singly or in combination, for periods of time in excess of 4 weeks.

Qualified Clinical Trials Benefit: We will pay benefits for all Medically Necessary routine patient care costs incurred as a result of a treatment being provided in accordance with a clinical trial to the extent such costs would be covered for non-investigational treatments if the treatment is being provided or the studies are being conducted in a phase I, phase II, phase III, or phase IV clinical trial for cancer or the treatment is being provided for any other life-threatening condition. Coverage for phase I or phase II clinical trials shall be decided on a case by case basis.

The treatment being provided to the Covered Person in a clinical trial is to be approved by:

- 1) One of the National Institutes of Health (NIH);
- 2) An NIH cooperative group or an NIH center;
- 3) The FDA in the form of an investigational new drug application or exemption;
- 4) The federal department of Veterans Affairs or Defense; or
- 5) An institutional review board of an institution in this state that has a multiple assurance contract approved by the Office of Protection from Research Risks of the NIH.

Standard treatment has been or would be ineffective, does not exist, or there is no superior non-investigational treatment alternative;

Benefits will be provided under the additional conditions:

- 1) Standard treatment has been or would be ineffective, does not exist, or there is no superior non-investigational treatment alternative;
- 2) The facility and personnel providing the treatment are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise; and
- 3) The available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as effective as the non-investigational alternative.

Benefits will be provided for routine patient care costs incurred for drugs and devices provided to the Covered Person during the clinical trial, which are not the subject of the clinical trial, provided that those drugs or devices have been approved for sale by the FDA, whether or not the FDA has approved the drug or device for use in treating the Covered Person's particular condition.

This coverage shall include coverage for reasonable and Medically Necessary services necessary to administer the drug or use the device under evaluation in the clinical trial.

Obesity and Morbid Obesity Benefit: We will pay benefits for Covered Persons for the diseases and ailments caused by obesity and morbid obesity and treatment for such, including bariatric surgery, when the prescribing Physician has issued a written order stating that treatment is Medically Necessary and in accordance with the patient qualifications and treatment standards set forth by the American Society for Metabolic and Bariatric Surgery or the American College of Surgeons. Such treatment standards may include, but not be limited to, pre-operative psychological screening and counseling, behavior modification, weight loss, exercise regimens,

nutritional counseling, and post-operative follow-up, overview, and counseling of dietary, exercise, and lifestyle changes. The Covered Person will be at least eighteen (18) years of age.

Testing for Bone Marrow Donation Benefit: We will pay benefits for Covered Persons who meet the criteria for testing as established by the Match Registry (the National Marrow Donor Program), coverage for laboratory fee expenses arising from human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for utilization in bone marrow transplantation. The testing will be performed in a facility that is accredited by the American Association of Blood Banks or its successors, or the College of American Pathologists, or its successors, or any other national accrediting body with requirements that are substantially equivalent to or more stringent than those of the College of American Pathologists, and is licensed under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. section 263a, as amended. At the time of the new testing, the Covered Person tested will complete and sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program and will acknowledge a willingness to be a bone marrow donor if a suitable match is found.

Definitions

For the purposes of the Policy the capitalized terms used are defined as follows. This is a summary of definitions. For the complete list, please see the Policy on file with your school.

Accident means accidental bodily injury sustained by the Covered Person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause and that occurs while coverage is in effect for the Covered Person.

Alcohol Abuse means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Coinsurance means the percentage of Covered Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

Company means United States Fire Insurance Company. Also hereinafter referred to as We, Us and Our.

Contraceptive Devices includes one IUD every two years (including removal), diaphragms, and cervical caps.

Contraceptive Drugs include oral contraceptives (combined estrogen and progestin and progestin-only), NuvaRing, Depo Vera and Ortho Evra.

Covered Accident means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss for which benefits are payable.

Covered Expense 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.

Covered Expense must be incurred by the Covered Person while the Policy is in force.

Covered Person means a person eligible for coverage as identified in the Schedule of Benefits for whom proper premium payment has been made, and who is therefore insured under the Policy.

Custodial Care means any care that is provided to a Covered Person who is disabled and needs help to support the essential Activities of Daily Living when the Covered Person is not under active and specific medical, surgical, or psychiatric treatment that will reduce the disability to the extent necessary for the person to perform the essentials of Activities of Daily Living on their own.

Deductible means the dollar amount of Covered Expense which must be incurred and paid by the Covered Person before benefits are payable under the Policy. It applies separately to each Covered Person.

Dentist means a legally licensed doctor of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of their license, under the supervision of a Dentist, is a covered practitioner.

Drug Abuse means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Elective Treatment means any medical treatment or surgical procedure that is not Medically Necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by the Company to be research or experimental or that is not recognized as a generally accepted medical practice.

Emergency/Emergency Treatment means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay-person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

Experimental/Investigational means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;

- Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Hospital means an institution licensed, accredited or certified by the State that:

- 1) Operates as a Hospital pursuant to law for the care, treatment and providing Inpatient services for sick or injured persons;
- 2) Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- 3) Provides 24-hour nursing service by a Nurse on duty or call;
- 4) Has a staff of one or more licensed Physicians available at all times;
- 5) Provides organized facilities for diagnosis, treatment and surgery, either
 - a. on its premises; or
 - b. in facilities available to it, on a pre-arranged basis;
- 6) Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
- 7) Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

- 1) the Joint Commission of Accreditation of Hospitals; or
- 2) the American Osteopathic Association; or
- 3) the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Covered Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

Immediate Family means a Covered Person's parent (includes Step-parent), brother, sister, grandparents. A Member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

Immunizations includes: flu shot, tetanus, diphtheria, pertussis, Tdap, Haemophilus influenza type b, hepatitis A, hepatitis B, HPV, measles-mumps-rubella, pneumonia, varicella, pneumococcal, rotavirus, meningococcal,

Covid-19; only as recommended by the U.S. Centers for Disease Control and Prevention.

Initial Treatment Period means the number of days following the date of an Injury during which a Covered Person must seek treatment. The Initial Treatment Period is shown on the Schedule of Benefits.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an Accident. The Accident would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All injuries to the same Covered Person sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Inpatient means a Covered Person who incurs medical expenses for at least one day's room and board from a Hospital; or more than 23 hours in an Observation Unit.

Insurance means the coverage that is provided under the Policy.

Intensive Care Unit/Pediatric Care Unit means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Maximum Benefit means the largest total amount of Covered Expenses that the Company will pay for the Covered Person as shown in the Schedule of Benefits.

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

- 1) Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
- 2) Prescribed or ordered by a Physician or furnished by a Hospital;
- 3) Performed in the least costly setting required by the condition;
- 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an Outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States

Food and Drug Administration;

- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as Outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person. **May also be known as Mental or Nervous Condition.**

Natural Teeth means the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Outpatient means a Covered Person who receives care in a surgical or medical center which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and Nurses; (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under law, without being admitted.

Physician means a person who is a qualified practitioner of medicine. As such, they must be acting within the scope of their license under the laws in the state in which they practice and provide only those medical services which are within the scope of their license or certificate. Physician also includes doctors of naturopathic medicine who are authorized and licensed to practice under RSA 328-E. Physician does not include a Covered Person, or a Covered Person's Immediate Family.

Physical Therapy means any form of the following administered by a Physician: 1) physical or mechanical therapy; 2) diathermy, 3) ultra-sonic therapy; 4) heat treatment in any form; or 5) manipulation or massage.

Policyholder means the entity shown as the Policyholder in the Schedule of Benefits.

Prescription Drugs means a drug which: (1) under Federal law may only be dispensed by written prescription; and (2) is utilized for the specific purpose approved for general use by the Food and Drug Administration

Sickness means illness or disease which requires treatment by a Physician while covered by the Policy. The Sickness would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Skilled Nursing Facility means a facility that provides skilled nursing twenty-four (24) hours a day, seven (7) days a week, under the supervision of a Nurse, and/or skilled rehabilitative services at least five (5) days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in Activities of Daily Living, improving the patient's condition, and facilitating discharge.

Usual, Reasonable and Customary means:

- 1) With respect to fees or charges, fees for medical services or supplies which are; (a) Usually charged by the provider for the service or supply given; and (b) The average charged for the service or supply in the Geographic Area in which the service or supply is received; or
- 2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits

We, Our, Us means United States Fire Insurance Company underwriting this Insurance.

Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. Sickness, treatment, or medical condition arising out of war or any act of war, declared or undeclared;
2. Sickness, treatment, or medical condition arising out of voluntary, active participation in a riot or insurrection;
3. For any Covered Losses resulting from the Covered Person's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Covered Person's Physician;
4. Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
5. Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health, unless specifically covered by the Policy;
6. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
7. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
8. Dental care or treatment other than care of sound, Natural Teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under the Policy, unless specifically covered by the Policy.
9. Eyeglasses, contact lenses, or examinations for prescriptions;
10. Rest cures or Custodial Care;
11. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
12. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
 - e. A space-craft or any craft designed for navigation above or beyond the earth's atmosphere. Except as a fare paying passenger on a regularly scheduled commercial airline.
13. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.

Non-Insurance Assistance Services

Non-insurance Assistance services are provided by TSS Assist and not affiliated with the insurance provided by United States Fire Insurance Company. An outline of the assistance services appears below.

Medical Emergency Services

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc.
- Medical transportation arrangements – Emergency Evacuation/Return of Mortal Remains
- Emergency message service for medical situations

Legal Assistance

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

Travel Assistance

- Help with lost passports, tickets and documents

TSS Assist

- U.S.: 1 (800) 730-2417
- E-mail for emergencies to assist@tssassist.com

Claim Procedures for Accident and Sickness Benefits

In the event of Accident or Sickness, students should:

1. Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to the nearest Physician or Hospital.
2. Provide the ID card to the Physician or at the Hospital.
3. If there is an Injury or Accident, submit a Medical Accident Questionnaire to TSS.
4. In the event the provider does not submit the claim, secure a Company claim form from the Student Health Services or from the address below, fill out the form completely, attach all medical and hospital bills and statements and submit via one of the options below.
5. File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all Claims or Inquiries to:

Total Scholastic Solutions

Mail: TSS Administrative Services
PO Box 211008
Eagan, MN 55121
USA

Web: www.totalscholasticsolutions.com

E-mail: claimsassist@tssassist.com

Fax: 1-949-271-2330

Pre-Notification

TSS Assist should be notified of all Hospital Confinements prior to admission.

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS: The patient, Physician or Hospital should telephone 1-800-730-2417 at least five working days prior to the planned admission.

2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-800-730-2417 within two working days of the admission to provide notification of any admission due to Medical Emergency.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the Policy and no penalties will be applied; however, pre-notification is not a guarantee that benefits will be paid.

Medical and Prescription Medication Claims

To file your claim, submit it online at www.totalscholasticsolutions.com. Log into the Member Area and select Submit Claim, and then follow the instructions to complete the online claim form. If you are unable to submit your claim electronically, you can mail or fax your completed claim form and copies of supporting documentation. After submitting the claim, you will receive a claim reference number and an electronic receipt for the claim will be sent to you by email.

How You Can Reach Us

Customer Service, Pre-Notification, and Help Locating a Provider (24/7)

Within the United States or Canada: 1-800-730-2417

Email: assist@tssassist.com

Website: www.totalscholasticsolutions.com

If you have questions, or in the event you remain dissatisfied and wish to make a complaint, you can do so by contacting the Plan Administrator at:

Clifford Allen Associates, Ltd.
PO Box 23615
Hilton Head Island, SC 29925
(888) 342-2224
info@shipsignup.com

Plan Underwriting Information

Plan is Underwritten by: United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. This is a brief summary of coverage and is subject to the terms, conditions, limitations and exclusions of the Policy. Please see the Policy on file with the school for complete details of your coverage.

Complaints

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at 888-342-2224.

THIS IS LIMITED BENEFIT COVERAGE. READ THE POLICY CAREFULLY. THE POLICY IS NOT RENEWABLE.

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE SHOWN IN THE SCHEDULE OF BENEFITS.

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and in some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA.

The insurance described in this document provides limited benefits. Limited benefits are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Please keep this brochure as a general summary of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of the Accident and Sickness coverage are set forth in the plan issued to your school. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school. The issued Policy contains a complete description of reductions, limitations, exclusions, definitions and termination provisions. If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases. Insurance is underwritten by United States Fire Insurance Company with its principal place of business at 5 Christopher Way, Eatontown, NJ 07724.

Data Protection

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely.

Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above.

Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.