



# **Student Health Insurance**

**2011-2012**

**Administrator Policy Number CHH0057572  
Underwriter Reference Number CAS9491998**

*Underwritten by:  
National Union Fire Insurance Company of  
Pittsburgh, Pa. ("The Company")*

## STUDENT HEALTH CENTER

The Student Health Center offers health care to all students.

### STUDENT HEALTH CENTER HOURS

Monday through Friday 8:30 a.m. to 4:30 p.m.  
Closed Weekends and Holidays

### SCHOOL ELIGIBILITY

Required immunizations: 2 Measles Mumps and Rubella (MMR) vaccines or serological evidence (blood test) of your immunity, a Tetanus/diphtheria (Td) booster within the last 10 years, the Tuberculosis screening (Mantoux or PPD test), within the last 6 months, and the Meningitis vaccine and/or a signed waiver.

A validated Wesley College Identification Card must be presented in order to receive treatment.

For further information contact the Student Health Center at (302) 736-2412.

### Student Health Insurance Eligibility

#### FULL-TIME AND INTERNATIONAL STUDENTS

Unless proof of comparable or better health insurance coverage is provided, all enrolled domestic full-time (12 credit hours) students are automatically enrolled in the Wesley College Basic Student Health Insurance Plan and all international students are automatically enrolled in the Wesley College Mandatory International Plan. The premium for this coverage is added to the student's tuition bill. Students who waive coverage with proof of comparable insurance coverage by the waiver deadline, will see the premium removed from their account.

Students who are currently insured under a comparable health policy (i.e., their own or through a family member) may waive out of the Wesley College Student Insurance Plan upon providing proof of other comparable insurance by submitting an online waiver. The waiver provided online must be completed by the last day of the waiver deadline. If the deadline is ignored, the student will be responsible for the insurance premium. Please see "WAIVER PROCESS/PROCEDURE" in this brochure for the waiver process and deadlines.

A student, who initially waived coverage under the Policy, but subsequently experiences ineligibility under another plan, may elect to enroll for coverage under the Policy within 31 days of the date of ineligibility under another comparable plan.

#### PART-TIME AND GRADUATE STUDENTS

All domestic part-time and graduate students are eligible to enroll in the Wesley College Basic Student Health Insurance Plan on a voluntary basis. (Please visit the website, [www.maksin.com](http://www.maksin.com), to download an enrollment form.) All domestic eligible part-time and graduate students must enroll within the 30 day period starting with the first day of the term of coverage for which premium is paid. Exceptions will be made for the following: 1) enrolling as a new or transfer student within 30 days of enrollment at the school; or 2) ineligibility under another plan of creditable coverage provided COBRA continuation of coverage was accepted and exhausted, if offered.

All students must actively attend classes for at least the first 31 days after the date for which the coverage is purchased. Home study, correspondence, and television (tv) courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If the Company

discovers that the policy eligibility requirements have not been or are not being met, its only obligation is to refund premium less any claims paid. Eligibility requirements must be met each time a premium is paid to continue coverage.

### OPTIONAL SUPPLEMENTAL MAJOR MEDICAL PLAN

All domestic students who are enrolled in the Basic Health Plan are also eligible to purchase the Optional Supplemental Major Medical Plan. Students may enroll in the Optional Supplemental Major Medical Plan only at time of enrollment in the Basic Health Plan

### Effective and Termination Dates

The Master Policy becomes effective at 12:01 a.m., August 1, 2011. The individual student's coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 1, 2012. Coverage terminates on that date (or at the end of the period through which the premium is paid), whichever is earlier. Refunds of premiums are allowed only upon entry into the armed forces. No other refunds will be allowed.

### WAIVER PROCESS/PROCEDURE

Domestic full-time and international students, who are currently insured by a health insurance policy, may waive out of the Wesley College Basic Student Health Insurance Plan or the Wesley College Mandatory International Plan with proof of comparable coverage. The waiver form must be completed online at [www.maksin.com/WesleyCollege.aspx](http://www.maksin.com/WesleyCollege.aspx). Online waivers must be completed by the waiver deadline (see below). Failure to meet the waiver deadline will result in the student being responsible for the insurance premium. You will receive a confirmation number and an email verifying you have completed the waiver process.

#### Waiver Deadlines

Annual	September 1, 2011
Spring Semester*	February 14, 2012

(\*Spring Semester available only to new students to the College)

**PLEASE NOTE:** All waiver information will be verified with your insurance company as part of the insurance verification process. If insurance status cannot be verified, the waiver will be revoked and the insurance premium will be charged to your student account.

### PREMIUM RATES

	Domestic Full-Time Students	Domestic Part-Time & Graduate Students	International Students
Annual			
08/01/11-08/01/12	\$400**	\$460	\$802
Spring/Summer			
01/14/12-08/01/12*	\$285**	\$270	\$464
<b>Optional Supplemental Major Medical Plan:</b>			
Annual	\$350	\$350	N/A
Spring/Summer*	\$350	\$350	N/A

\*Spring/Summer – Available only for new students to the College

\*\*Includes a school administrative fee

### Extension of Benefits After Termination

If a Covered Person is Totally Disabled on the date his insurance ends, the term Eligible Expenses will include charges incurred after the date such insurance ends. Eligible Expenses for such Injury or Sickness will continue to be paid as long as the condition that caused the Total Disability continues but not to exceed 90 days after the date such insurance ends, subject to any maximum amounts.

**Student Health Center (SHC) Referral Required**

This is a supplemental plan. The student must use the resources of the Student Health Center first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted. A SHC referral for outside care is not necessary only under the following conditions:

1. Medical emergency: The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care obtained when a student is more than 50 miles from campus; or
5. Medical care received when the student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Mental or Nervous Disorders.

**Certificate of Creditable Coverage**

Your coverage under this health plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a Certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations.

In order to obtain a Certificate of Creditable Coverage, please contact:

The Maksin Group  
Two Aquarium Drive, Suite 200  
Camden, New Jersey 08103  
1-800-220-1123

**Full Excess Medical Expenses**

If a Covered Person incurs Eligible Expenses for any of the services on the Schedule of Benefits, we will pay the Eligible Expenses incurred, subject to the Deductible Amount and Covered Percentage (if any), that are in excess of Eligible Expenses payable by any other health care plan, regardless of any Coordination of Benefits provision contained in such health care plan. The first Eligible Expense must be incurred within the Benefit Period stated on the Schedule of Benefits. The total of all medical benefits payable under the Policy is shown on the Schedule of Benefits and is subject to the specific maximums shown on the Schedule of Benefits.

**Benefits for Accidental Death, Dismemberment, or Loss of Sight**

If, within one year from the date of an accident covered by the Policy, Injury from such accident, results in Loss listed below, we will pay the benefit set opposite such Loss. 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 is entitled.

**For Loss Of:**

Life .....	\$1,000
Two or More Members .....	\$1,000
One Member .....	\$500
Thumb and Index Finger of the same hand .....	\$250

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. Loss of sight of an eye means total irrecoverable loss of the entire sight of that eye. 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. "**Member**" means hand, foot or eye.

**OPTIONAL SUPPLEMENTAL MAJOR MEDICAL EXPENSE BENEFIT  
(additional premium)**

After the Basic Plan has paid a maximum benefit of \$15,000 in Eligible Expenses and the \$50 corridor deductible has been met, the Optional Supplemental Major Medical Plan will pay 80% of Eligible Expenses until an additional \$35,000 has been paid. The maximum benefit for all benefits payable under the Basic and Supplemental Major Medical Expense Plan will not exceed \$50,000. Benefits are paid at 80% of R&C.

**MANDATORY INTERNATIONAL STUDENT PLAN — SCHEDULE OF BENEFITS**

After the deductible has been satisfied, payment will be made for Eligible Expenses incurred during the term insured as follows. The plan will pay 100% of R&C up to \$2,500 of such Eligible Expenses and then 80% of U&C up to \$47,500 of Eligible Expenses, for a total medical maximum of \$50,000.

**DEDUCTIBLE** (for each Injury or Sickness)

Students .....\$50

**MAXIMUM POLICY BENEFIT** (for each Injury or Sickness)

Students .....\$50,000

Covered Medical Expenses are as follows:

(NOTE: R&C means Reasonable and Customary)

**HOSPITAL ROOM AND BOARD** .....R&C – Not to exceed the average daily semi-private room rate

**MISCELLANEOUS HOSPITAL EXPENSE** .....R&C  
Anesthesia, operating room, laboratory testing and x-rays, prescription drugs (excluding take-home drugs) or medicines, dressings and other necessary hospital services.

**DOCTOR EXPENSE** .....R&C – Limited to 1 visit per day  
Non-surgical treatment by a Doctor, both in or out of the hospital

**SURGICAL EXPENSE** .....R&C  
Anesthesia ..... 25% of Surgery Allowance

**AMBULANCE EXPENSE** .....R&C  
For professional ground ambulance service for emergency transportation.

**MISCELLANEOUS OUT-PATIENT EXPENSES** .....R&C  
ER, diagnostic x-rays and laboratory tests, and other R&C expenses for services or supplies necessary for treatment as required by the attending Doctor or surgeon, for which no other policy benefits are payable.

**PRESCRIPTION DRUGS** (Contact the Student Health Center for participating pharmacies)  
However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum. \$15 copay for generic; \$35 copay for brand name drugs; \$350 aggregate maximum per policy year.

**MENTAL OR NERVOUS DISORDER CARE EXPENSES**

**Inpatient Care** .....50% of R&C – max of 60 days of hospital confinement  
**Outpatient Care** .....50% of R&C – not to exceed \$50 per visit or a max of \$250

**MATERNITY BENEFITS** .....R&C  
For Covered Persons, maternity expenses are payable as any other sickness for childbirth occurring while insured as a result of a pregnancy commencing while insured, including up to 48 hours hospital confinement following vaginal delivery and 96 hours for caesarean delivery.

**MEDICAL EVACUATION** .....\$10,000 Maximum Benefit

If a Covered Person is unable to continue his or her academic program due to a covered Injury or covered Sickness, the insurance will pay necessary R&C expenses for evacuation to another medical facility, or the Covered Person's Home Country. A Medical Evacuation will be considered only if Medically Necessary, and after a hospitalization of at least five days. Any expenses for Medical Evacuation require prior approval of the attending physician and the Claims Office.

**REPATRIATION** .....\$7,500 Maximum Benefit

In the event of the death of a Covered Person, while covered under the Policy, the Policy will pay necessary R&C expenses for preparation and transportation of the remains to the Covered Person's place of residence in his or her Home Country. Any expenses for Repatriation require prior approval of the Claims Office.

**BASIC MEDICAL EXPENSE BENEFITS**

**Up to \$15,000 - Maximum Benefits Paid as Specified Below (Per Injury or Sickness)**

The Policy provides benefits for the Eligible Expenses incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$15,000. Benefits will be paid up to the applicable maximum benefit for each service as scheduled below. Eligible Expenses include:

	<b>PER INJURY</b>	<b>PER SICKNESS</b>
<b>INPATIENT</b>		
<b>Room and Board</b> , average daily semi-private room rate; and general nursing care provided by the Hospital	\$500 per day	\$500 per day
<b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory test (including pap smears), x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, physiotherapy, pre-admissions testing, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admissions will be counted, but not the date of discharge.	\$400 first day/\$300 second day/ \$200 each subsequent day	\$400 first day/\$300 second day/ \$200 each subsequent day
<b>Surgeon's Fees</b> . No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession unless Medically Necessary.	\$125 Surgical Factor	\$125 Surgical Factor
<b>Assistant Surgeon</b> , payable only when Medically Necessary	20% of surgery allowance	20% of surgery allowance
<b>Anesthesia</b>	25% of surgery allowance	25% of surgery allowance
<b>Registered Nurse's Services</b> , private duty nursing care	Reasonable & Customary Charges	\$50 per day
<b>Doctor's visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	Reasonable & Customary Charges	\$40 per day
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> . No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession unless Medically Necessary.	\$125 Surgical Factor	\$125 Surgical Factor
<b>Day Surgery Miscellaneous</b> , related to major scheduled surgery performed in Hospital or Ambulatory Surgical Center including the cost of the operating room; laboratory test and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	\$1,500 maximum	\$1,500 maximum
<b>Anesthesia</b>	25% of surgery allowance	25% of surgery allowance
<b>Outpatient Miscellaneous Benefit</b> , including emergency room and supplies, diagnostic x-ray services, laboratory procedures and test and procedures (no deductible applies to x-ray or lab).	Reasonable & Customary Charges up to \$1,500 maximum/\$50 deductible	Reasonable & Customary Charges up to \$1,500 maximum/\$50 deductible
<b>Doctor's Visits</b> , benefits are limited to one visit per day Benefits for Doctor's Visits do not apply when related to surgery or physiotherapy.	Reasonable & Customary Charges	\$35 per day/10 days maximum beginning with the second visit. A visit to the Student Health Center qualifies as the first visit. Paid under Doctor's Visits
<b>Physiotherapy</b> , benefits are limited to one visit per day See exclusion 18 for additional limitations.	Reasonable & Customary Charges	
<b>Medical Emergency Expenses</b> , attending doctor charges X-rays, laboratory procedures, injections, use of the emergency room and supplies.	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. Benefit
<b>Diagnostic X-ray Services</b> (deductible does not apply)	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. Benefit
<b>Laboratory Services</b> , including pap smears when performed by or at the direction of a Doctor (deductible does not apply).	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. Benefit
<b>Prescription Drugs</b> (Contact the Student Health Center for participating pharmacies) However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.	\$15 copay for generic drugs, \$35 copay for brand name drugs, \$350 aggregate maximum per policy year	\$15 copay for generic drugs, \$35 copay for brand name drugs, \$350 aggregate maximum per policy year
<b>Test &amp; Procedures</b> , diagnostic services and medical procedures performed by a Doctor, other than Doctor's visit, physiotherapy, X-rays and lab procedures.	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. benefit
<b>Chemotherapy and Radiation Therapy</b>	No Benefits	No Benefits
<b>Infusion Therapy</b>	Paid under Outpatient Misc. Benefit	Paid under Outpatient Misc. benefit
<b>Injections</b> , when administered in the Doctor's office and charged on the Doctor statement.	Reasonable & Customary Charges	Reasonable & Customary Charges
<b>OTHER</b>		
<b>Ambulance Services</b>	Reasonable & Customary Charges	\$75 maximum
<b>Braces and Appliances</b> , only upon a Doctor's written prescription. Replacement braces or appliances are not covered.	Reasonable & Customary Charges	No Benefits
<b>Consultant Doctor Fees</b> , when requested and approved by the attending Doctor.	Reasonable & Customary Charges	\$100 maximum
<b>Dental Treatment</b> , made necessary by Injury to sound, natural teeth.	Reasonable & Customary Charges/\$250 per tooth	No Benefits
<b>Elective Abortion</b>	Not Applicable	\$150 maximum
<b>Intercollegiate Sports</b>	Paid the same as any Injury up to \$1,500	No Benefits

**NON-DUPLICATION OF COVERAGE THE POLICY**

If the benefits above are payable under more than one provision in the Policy, then benefits will be provided only under the provision providing the greater benefit.

### Maternity Benefits

Pregnancy and complications of pregnancy will be paid as any other Sickness. Benefits for elective abortion will be paid up to a maximum of \$150. Benefits are payable only through the last day of the Insured's coverage. No benefits are payable for any expense incurred after the termination date of coverage.

### Prescription Drug Benefit

After a co-payment of \$15 for generic or \$35 for a brand name drug (per prescription), the cost of prescription drugs is payable in full, up to \$350 aggregate maximum per policy year. Prescriptions must be filled at an Express Scripts-ValueRx participation pharmacy. Contact the Student Health Center for information on participating pharmacies. Not all medications are payable. The following drugs will be considered for coverage subject to exclusions; Federal Legend Drugs, State Restricted Drugs, and Compounded Medications. The amount of drug which is to be dispensed per prescription or refill will be in quantities prescribed up to a 30 day supply. The following drugs are excluded from coverage under this benefit: Retin-A; contraceptive jellies, creams, foams; or devices; legend vitamins or food supplements, fertility medications, nonfederal legend drugs, smoking deterrents, immunization agents, biological sera, blood or blood plasma, therapeutic devices or appliances, drugs for hair growth (Example: Rogaine) or for cosmetic purposes only (Example: Renova), insulin, insulin needles and syringes (except for diabetes), OTC diabetic supplies and medication, except as mandated by Delaware law; allergy serums and medications, asthma medications, drugs labeled "Caution-Limited by Federal Law to investigational use", experimental drugs, drugs for which no charge is made or drugs received as a patient in a licensed hospital or similar institution.

### Mental or Nervous Disorder

While hospital confined, benefits will be paid as for any sickness not to exceed \$5000 maximum per Policy year.

Benefits for outpatient treatment will be paid at 50% up to \$50 per visit not to exceed a maximum of \$750 per Policy year beginning with the second visit. A visit to the Student Health Center qualifies as the first visit.

All covered medical expenses incurred as a result of Mental or Nervous Disorder are subject to the stated maximums; if otherwise provided under the Policy, this includes items such as prescription drugs and diagnostic testing.

### Mandated Benefits

Delaware mandates coverage for the following benefits: treatment of Severe Mental Illness and drug and alcohol dependency the same as any other Sickness; annual pap smear; prostate cancer screening; mammograms; C-125 monitoring of ovarian cancer; prescription contraceptives and devices; diabetes equipment and supplies; colorectal cancer screening; reconstructive surgery following mastectomy; routine patient care costs for clinical trials; scalp hair prosthesis; dental services for children with disabilities; and lead poisoning screening.

### Definitions

**Covered Person** means a student whose coverage under the Policy is in effect.

**Eligible Expense:** As used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

**Emergency:** A Sickness or Injury for which immediate medical treatment is sought 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 could reasonably be expected to result in any of the following: the patient's life or health would be in serious jeopardy; bodily functions would be seriously impaired; or a body organ or part would be seriously damaged.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the above listed complications.

**Hospital:** means a facility which meets all of these tests:

(a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; (b) as a nursing or rest home; (c) as a place for custodial or educational care. The term "Hospital" includes: (a) a substance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered Person; (b) an ambulatory surgical center or ambulatory medical center; (c) a mental health hospital if supervised and licensed by the Department of Mental Health; and (d) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

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

**Injury:** Bodily injury due to an Accident which: results solely, directly and independently of disease, bodily infirmity or any other causes; occurs after the Covered Person's effective date of coverage; occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Medically Necessary:** A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. 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.

**Pre-existing Condition:** A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

**Reasonable and Customary:** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

**Sickness:** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and Complications of Pregnancy.

All Sicknesses due to the same or a related cause are considered One Sickness.

**Totally Disabled and Total Disability:** means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) with respect to a student: from attending classes at the location where he or she is enrolled; and (b) a student if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

### Exclusions and Limitations

Benefits will not be paid for Expenses incurred for:

1. Treatment, services or supplies which: are not Medically Necessary; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any Immediate Family Member.
2. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
3. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
4. Injury or Sickness as a result of a loss due to war, or act of war, declared or undeclared; service in the armed forces of any country. This does not include Reserve or National Guard duty for training unless it extends beyond 31 days.
5. Cosmetic surgery other than: reconstructive surgery on a diseased or injured part of the body; or as specifically provided in the Policy;
6. Injury or Sickness incurred as a result of committing or attempting to commit a felony or participating in a riot or insurrection.
7. Injury due to driving under the influence of a controlled substance unless administered on the advice of a doctor.
8. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage for the purpose as prescribed by the Covered Person's doctor.
9. Surgery and/or treatment for: acne; allergy, including allergy testing; biofeedback-type services; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof, except for purulent sinusitis; family planning; fertility tests; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; preventive medicines or vaccines, except where required for the treatment of injury; sleep disorders, including testing thereof; tubal ligation; vasectomy.
10. Temporomandibular Joint Dysfunction (TMJ).
11. Treatment of Mental or Nervous Disorders, except as specifically provided.
12. Dental treatment or dental x-rays, except as specifically provided.
13. Eyeglasses, contact lenses, hearing aids, orthodontic braces, and orthodontic appliances or examinations or prescriptions thereof.
14. Treatment in a government Hospital, except if there is a legal obligation to pay.
15. Injury resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place, except in a Driver's Education Program.
16. Elective sterilization or its reversal, artificial insemination or in-vitro fertilization.
17. Organ transplants.
18. Outpatient Physiotherapy, except for a condition that required surgery or Hospital confinement: within the 30 days immediately preceding such physiotherapy; or within the 30 days immediately following the attending Doctor's release for rehabilitation; or when referred by the Student Health Center.

19. Injury arising out of the practice, participation or play in band or any professional, intramural or club sports activity, including travel to and from the activity and practice.
20. Injury resulting from: flight in an ultra light aircraft; hang gliding; glider flying; sail planing; parachuting; skydiving; bungee cord jumping; ballooning; para-sailing; bob-sledding; scuba diving; travel in or upon a snowmobile, in all-terrain vehicle (ATV) or any 2 or 3 wheeled motor vehicle.
21. Treatment, services and supplies furnished by the Policyholder's infirmary, its employees or Doctors who work for the Policyholder.
22. Suicide or attempted suicide (including drug overdose); or intentionally self-inflicted Injury.
23. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided.
24. Routine medical care, except as specifically provided.
25. Rest cures or custodial care.
26. Hospital emergency room expense, which is not due to an Emergency Medical Condition.
27. Home health care.

### Pre-Existing Conditions

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy.

This limitation will not apply if:

1. The Covered Person has been covered by the Policyholder's Prior Policy for more than 12 consecutive months; or
2. The individual seeking coverage under the Policy has an aggregate of 18 months of creditable coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior creditable coverage. We will credit the time the individual was under prior creditable coverage; and
3. Whose most recent prior creditable coverage was under an employer group health plan; and
4. Who is not eligible for coverage under any other group health plan, Medicare or Medicaid; and
5. Who does not have other health insurance; and
6. Who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

### Subrogation

If we have paid benefits to a Covered Person for Injuries received in a covered accident, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of proceeds in any form from or on behalf of the third party including but not limited to recovery from any person, corporation, entity, no-fault coverage, uninsured coverage, other insurance policies or fund, which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.

### **Claim Procedure**

In the event of Injury or Sickness, the student should:

1. Report at once to the Student Health Center for treatment or referral, or when not in school, to the nearest doctor or hospital.
2. Mail to the address below a completed Company claim form, all medical, hospital bills, and referrals from Student Health Center, along with the insured student's name, address, Wesley College Student ID number and name of the college or university under which the student is insured.
3. File claim within 30 days of injury or first treatment for a sickness. bills must be received by the Company within 90 days of service to be considered for payment.

*This plan is Underwritten by:*

**National Union Fire Insurance Company of Pittsburgh, Pa.,  
with its principal place of business in New York, NY**

*Submit all Claims or Inquiries to:*

**Maksin Management Corp  
P.O. Box 2647  
Camden, NJ 08101-2647  
(877) 775-5430**

### **NON-RENEWABLE ONE YEAR TERM INSURANCE**

The Policy is a non-renewable one-year term Insurance. Similar coverage may be purchased for the following academic year. It is the insured's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new policy year.

**At The Maksin Group, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to our website at [www.maksin.com](http://www.maksin.com).**

**Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-DE. The Policy on file at the College may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern.**