

**Group
Student Accident
and Sickness
Insurance Program**

**Designed for
International Students of**

**RIDER
UNIVERSITY**

2008

**This Certificate is Subject to
the Laws of the State of
New Jersey.**

Underwritten by
**COMMERCIAL TRAVELERS MUTUAL
INSURANCE COMPANY**

as policy form # CTGP-1000

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PERIOD OF COVERAGE

| | |
|---|---------------|
| Full Year | Charge |
| Lawrenceville & Westminster 1/15/08–1/15/09 | \$770.00 |

ELIGIBILITY AND COST

All eligible International students with a current passport and student visa temporarily located outside their home country who have not been granted permanent residency status while engaged in educational activities at the University, are required to be insured under the Policy. Unless proof of other insurance is provided to the office of International Student Services by January 30, 2008 students will be enrolled in the insurance plan.

EFFECTIVE AND TERMINATION DATES

Coverage is effective at 12:01 a.m. January 15, 2008, or the date your premium is received, if later, and terminates on the later of: 1) the date he or she ceases to be an eligible person; 2) the last day of the period through which premium has been paid; 3) the date the insured fails to pay the required premium; or 4) at 12:01 A.M. at the School's Address January 15, 2009. Refunds of premiums are allowed only upon entry into the Armed Forces.

MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$100,000 for Covered Medical Expense incurred, inpatient or outpatient, as the result of a covered accidental injury or sickness. The initial treatment for an accidental injury must be rendered within 30 days of the accident. Benefits for a covered injury or sickness are limited to treatment received within 52 weeks of the date of the accident or first treatment for sickness.

The Company will pay for the medically necessary services in accordance with the usual and customary charge normally made for such services according to the benefit descriptions that follow, 80% of U&C up to \$5,000 then 100% of U&C to an aggregate amount of \$100,000, unless otherwise specified. The benefit amounts are on a per accident or per sickness basis. See the Medical Expense Benefit Schedule for actual benefit amounts.

Benefits for maternity are payable on the same basis as a sickness, provided conception occurs during the period of coverage under the Policy. Benefits are payable for childbirth

even though coverage may lapse, if conception occurred while coverage was in force with respect to the insured.

Inpatient and Outpatient Benefits

Inpatient Room & Board & ICU - up to the daily semi-private room rate, including General nursing care given and charged for by the hospital. Benefits for confinements resulting from a mastectomy will not be limited to less than the following: Radical - minimum of 72 hours; Simple - minimum of 48 hours.

Inpatient Hospital Miscellaneous - for expenses incurred while Hospital Confined or as a precondition for being Hospital Confined. Miscellaneous Expenses include, but are not limited to: the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies.

Outpatient Miscellaneous - for outpatient Hospital and Physician's services. Outpatient services payable under this benefit will be designated "Paid Under Outpatient Miscellaneous Benefit" in the Benefit Schedule.

Inpatient or Outpatient Surgery - for Physician's (other than the attending Physician) fees for inpatient surgery. Two or more surgical procedures performed at the same time and through the same incision will be deemed one surgery, the surgery with the highest benefit. Covered Medical Expenses will be paid under this inpatient surgery benefit or under the outpatient surgery benefit, but not both.

Outpatient Day Surgery Miscellaneous - for the charges incurred on the day of outpatient surgery for services and supplies such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs or medicines, therapeutic services and supplies. The surgery may be performed in a Hospital emergency room, trauma center, Physician's office, clinic, or ambulatory surgical center.

Inpatient Anesthetist - for Physician's' fees in connection with an inpatient surgery.

Outpatient Anesthetist - for the services of a professional anesthesiologist or of an anesthetist under the supervision of a Physician for the purposes of administering anesthesia.

Private Duty RN - for private duty nursing care services when they are ordered by a Physician as a Medical Necessity. Services must be provided by a Nurse who is not a regular staff member of the Hospital in which the Insured is confined. General nursing care given by the hospital is not covered under this benefit.

Inpatient Physician's Visits - for medical care and treatment by a Physician (other than a surgeon) while the Insured is Hospital confined. Benefits are limited to one visit per day. If the Insured also requires outpatient treatment by a Physician on the same day, benefits will be paid under only one of the two benefits.

Outpatient Physician's Visits - for visits to the Insured's Physician. Benefits are limited to one visit per day. This benefit does not apply when related to surgery or Physiotherapy. Benefits are payable under the outpatient

benefit or under the inpatient benefit for Physician's Visits, but not both on the same day.

Outpatient Physiotherapy - for the charges incurred for one visit per day.

Emergency Room - for the charges incurred if the Insured requires the use of an emergency room and any supplies used during treatment.

Outpatient Tests and Procedures - for diagnostic tests and medical procedures performed by a Physician. This does not include regular Physician's visits, Physiotherapy, X-rays and laboratory procedures.

Outpatient Laboratory Procedures - for the charges incurred for laboratory procedures. These procedure are only those identified in the Physician's Current Procedural terminology (CPT) as codes 80000 - 89999 inclusive.

Outpatient Radiation Therapy - for charges incurred for radiation therapy.

Outpatient Chemotherapy - for the charges incurred by the Insured for chemotherapy.

Outpatient Injections - when administered by a Physician in either the Physician's office or the emergency room of a Hospital. The cost of injections must be charged on a Physician's statement.

Outpatient Psychotherapy - for charges incurred for the treatment of a Biologically-based Mental Illness, not to exceed the maximum amounts specified in the Insurance Information Schedule, on the same basis as any other Illness. Benefits are limited to one visit per day.

Inpatient Psychotherapy - for the charges incurred for the treatment of a Biologically-based Mental Illness, as specified in the Insurance Information Schedule, on the same basis as any other Illness. Benefits are limited to one visit per day.

Other Benefits

Prescription Drugs - as defined by the policy and as listed in the Schedule of Benefits.

Ground Ambulance - not to exceed the benefit listed in the Schedule of Benefits per trip by a licensed professional Ambulance Service for transportation to and/or from a Hospital to which the Insured is admitted; and for a Hospital from which the Insured has been released directly to a different Hospital to which he or she is admitted. This benefit is limited to [two] trips per period of Hospital Confinement. Ambulance transportation in excess of 50 miles from the point of origin must be to the nearest Hospital that provides the necessary medical treatment.

Braces & Appliances - when prescribed by a Physician and a copy of the written prescription accompanies the claim. Replacement braces and appliances are not covered. Braces and appliances include durable medical equipment when they are primarily and customarily used to serve a medical, rehabilitative purpose; can withstand repeated use; and generally are not useful to a person in the absence of Injury or Sickness. The Company will not pay benefits for

rental charges in excess of what the purchase price would be, or for braces and appliances used as protective devices during a student's participation in sports.

Consultant - for the services of a Consulting Physician when the same has been requested and approved by the attending Physician.

Dental Treatment - made necessary by Injury to Sound, Natural Teeth and that is performed by a Physician. Routine dental care and treatment to the gums are not covered.

Maternity - up to the Usual and Customary charges to the same extent as any other illness with a minimum stay of 48 hours for vaginal delivery and 96 hours for caesarean section.

Mandated Benefits

Alcoholism Treatment Benefit - if the Insured requires treatment for alcoholism, the Company will pay the Usual and Customary charges for such treatment to the same extent as for any other covered Sickness. Treatment must be prescribed by an M.D. and provide benefits for inpatient or outpatient care in a licensed Hospital; treatment at a licensed detoxification facility; confinement as an inpatient or outpatient at a licensed, certified or state approved residential treatment facility. Such treatment must be certified or accredited by a nationally recognized organization, or licensed by the State of new Jersey.

The total number of benefit days under this provision may not exceed the total number of benefit days provided for any other Sickness under the contract. Treatment or confinement at any facility will not preclude further or additional treatment at any other eligible facility.

Childhood Immunizations - if coverage for Dependent children is provided under the Policy, for the charges for all childhood immunizations as recommended by the Advisory Committee on Immunization Practices of the United States Health Service and the New Jersey Department of Health and Senior Services. Benefits will be provided to the same extent as for any other medical condition under the Policy, except that no deductible will apply for benefits provided under this provision.

Diagnostic Examination Coverage - for the charges incurred in conducting an annual medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate specific antigen test. The test must be for men who are age 50 and over who are asymptomatic; or age 40 and over who have a family history of prostate cancer or other cancer risk factors to the same extent as any other medical condition under the Policy.

Home Health Care Benefits - for Covered Medical Expenses when the Insured requires Home Health Care. Covered Expenses under this benefit are limited to the following: Up to 60 Home Health Care Visits in any continuous 12 month period; and for Other Home Health Care Services as defined, but not to exceed the amount the Policy would have paid if the Insured had been hospitalized.

Lead Poisoning Screening for Children - if coverage for dependent children is provided under the Policy, for screening by blood lead measurement for lead poisoning for children, including confirmatory blood lead testing as specified by the Department of Health and Senior Services; and medical evaluation and any necessary medical follow-up and treatment for lead poisoned children. Benefits will be provided to the same extent as any other medical condition under the policy except that no deductible may be applied for benefits provided under this provision.

Mammography - for a low dose mammography of the breast according to the following schedule: a baseline mammogram for insured women ages 35 through 39; a mammogram every year for women ages 40 and over; and in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider.

Pap Smears - for charges incurred in conducting a Pap smear to the same extent as for any other medical condition under the Policy.

Reconstructive Breast Surgery - following a mastectomy to the same extent as for any other Sickness, including but not limited to: the cost of prostheses; the expenses incurred for surgery to restore and achieve symmetry between the two breasts; and if the coverage issued to the Policyholder provides outpatient x-ray or radiation therapy, the cost of outpatient chemotherapy following surgical procedures in connection with the treatment of breast cancer will be included as part of the outpatient x-ray or radiation therapy coverage.

Treatment of Wilm's Tumor - to the same extent as for any other Sickness, including an autologous bone marrow transplant when standard chemotherapy treatment is unsuccessful, notwithstanding that any such treatment may be considered experimental or investigational.

Treatment of Diabetes - for equipment and supplies the Company will pay the charges incurred If an Insured incurs expenses for any of the following - equipment and supplies used in the treatment of diabetes. a) blood glucose monitors and blood glucose monitors for the legally blind; b) data management systems;c) test strips for glucose monitors and visual reading and urine testing strips; d) insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto; e) insulin infusion devices; and oral agents for controlling blood sugar.

For Self-Management Education - the Company will pay the charges incurred for diabetes self-management education that is necessary to ensure that the Insured is educated as to the proper self-management and treatment of their diabetic condition, including information on proper diet. This benefit is limited to visits that are medically necessary upon: a) the diagnosis of diabetes; b) diagnosis of a significant change in the covered person's symptoms or conditions that necessitate changes in the Insured's self-management; and

c) the determination that reeducation or refresher education is necessary.

Diabetes self-management education will be provided by a dietician registered by a nationally recognized professional association of dieticians or a health care professional recognized as a Certified Diabetes Educator by the American Association of Diabetes Educators or a registered pharmacist in the state qualified with regard to management education for diabetes by any institution recognized by the board of pharmacy of the State of New Jersey.

Therapeutic Treatment of Inherited Metabolic Diseases - including the purchase of medical foods and low protein modified food products, when diagnosed and determined to be medically necessary by the Insured's Physician. The following definitions apply to this benefit:

Inherited Metabolic Diseases means a disease caused by an inherited abnormality of body chemistry for which testing is mandated, including hypothyroidism, galactosemia, phenylketonuria, and other preventable biochemical disorders that may cause mental retardation or other permanent disabilities.

Low Protein Modified Food Product means a food product that is and is intended to be used under the direction of a Physician for the dietary treatment of an inherited metabolic disease. This does not include a natural food that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and that is formulated to be consumed or administered eternally under the direction of a Physician.

Treatment of Cancer; Bone Marrow Transplants - for the treatment of cancer by dose intensive chemotherapy; autologous bone marrow transplants; and/or peripheral stem cell transplants. Such treatments must be performed by an institution approved by the National Cancer Institute or pursuant to protocols consistent with guidelines of the American Society of Clinical Oncologists.

Dental Treatment for Severely Disabled or Children - for general anesthesia and hospitalization for dental services; or a medical condition covered by the Policy which requires hospitalization or general anesthesia for dental services rendered by a dentist regardless of where the dental services were performed. This benefit is limited to treatment of an Insured Person who is severely disabled or to a Dependent child age five or under.

Infant Formulas - When the policy covers the expenses incurred in the purchase of prescription drugs, coverage will also be provided for the expenses incurred in the purchase of specialized non-standard infant formulas. The covered infant's Physician must have diagnosed the infant as having multiple food protein intolerance. The Physician must determine such formula to be medically necessary when the first covered infant has not been responsible to trails to standard non-cow milk based formulas, including soybean and goat milk. The Company will pay the expenses for such formulas to the same extent as for any other prescribed items under the policy.

Colorectal Cancer Screening - for: 1. Persons age 50 and over; and 2. Persons of any age who are considered to be at high risk for colorectal cancer. The methods for screening will include: 1. A screening fecal occult blood test; 2. Flexible sigmoidoscopy, colonoscopy, barium enema or any combination thereof; or 3. The most reliable, medically recognized screening test available. The method and frequency of screening to be used will be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the Insured Person's Physician, in consultation with the Insured Person. As used in this benefit, **high risk for colorectal cancer** means a person has: 1. A family history of: (a) Familial adenomatous polyposis, (b) Hereditary non-polyposis colon cancer, (c) Breast, ovarian, endometrial or colon cancer or polyps; 2. Chronic inflammatory bowel disease; or 3. A background, ethnicity or lifestyle that the Physician believes puts the person at elevated risk for colorectal cancer. Benefits will be provided to the same extent as for any other medical condition under the policy.

Audiology and Speech Language Pathology - The Company will pay the expenses incurred as the result of a Covered Injury or Covered Sickness for audiology and speech language pathology services. Such services must be determined by a Physician to be medically necessary and must be performed or rendered to an Insured Person by a licensed audiologist or speech language pathologist within the scope of his or her practice.

Infertility Treatment Benefits - When pregnancy-related benefits are a part of the policy the Company will pay the medically necessary expenses incurred in the diagnosis and treatment of infertility. Such treatment includes, but is not limited to, the following services related to infertility: 1. diagnosis and diagnostic tests; 2. medications; 3. surgery; 4. in vitro fertilization; 5. embryo transfer; 6. artificial insemination; 7. gamete intra fallopian transfer; 8. zygote intra fallopian transfer; 9. intracytoplasmic sperm injection; and 10. four completed egg retrievals per lifetime of the covered person.

Coverage for items 4, 7, and 8 is limited to a covered person who: 1. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; 2. has not reached the limit of four completed egg retrievals; and 3. is 45 years of age or younger.

For the purposes of this benefit, **infertility** means the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to: 1. impregnate another person; 2. conceive after two years of unprotected intercourse if the female partner is under 35 years of age, or one year of unprotected intercourse if the female partner is 35 years of age and older or one of the partners is considered medically sterile; or 3. carry a pregnancy to live birth.

Benefits will be provided to the same extent as for other pregnancy-related procedures under the policy, except that

services provided for under this provision, must be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. The same copayments, deductibles and benefit limits will apply to the diagnosis and treatment of infertility as those applied to other medical or surgical benefits under the policy.

Biologically Based Mental Illness Benefit - The Company will pay the expenses incurred for the treatment of a Biologically Based Mental Illness on the same basis as for any other covered Sickness.

As it pertains to this benefit, biologically based mental illness means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the Covered Person with the Illness. Biologically based mental illness includes, but is not limited to the following: 1) schizophrenia; 2) schizoaffective disorder; 3) manor depressive disorder; 4) bipolar disorder; 5) paranoia and other psychotic disorders; 6) obsessive-compulsive disorder; 7) panic and pervasive developmental disorder; or 8) autism.

Any exclusion regarding such treatments, if any, is hereby deleted so long as such services or supplies are not experimental or investigational.

Prescription Female Contraceptives - When outpatient prescription drugs are provided as a benefit of the issued Policy, it shall also provide for the purchase of Prescription Female Contraceptives. Prescription Female Contraceptive means any drug or device used for contraception by a female: 1) which is approved by the federal Food and Drug Administration for that purpose; 2) that can only be purchased in the State of New Jersey with a prescription written by a health care professional licensed or authorized to write prescriptions; and 3) includes, but is not limited to, birth control pills and diaphragms.

Wellness Health Examinations - Benefits will be provided under the Policy for expenses incurred by the Insured for any of the following tests in connection with a Wellness Health Examination. The benefit amount payable will be as specified in a Rider attached to the Policy. 1) For all Insureds 20 years of age and older, annual tests to determine blood hemoglobin, pressure, blood glucose level and blood cholesterol level, or alternatively, low-density lipoprotein (LDL) level and blood high-density lipoprotein (HDL) level; 2) For all Insureds 35 years of age or older, a glaucoma eye test every five years; 3) For all Insureds 40 years of age or older, an annual stool examination for presence of blood; 4) For all Insureds 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every five years; 5) For all Insured women 20 years of age or older, The Company will pay the charges incurred in conducting a Pap smear. Benefits will be payable to the same extent as for any other medical condition under the Policy; 6) For all Insured women at least 35 years old but less than 40 years

MEDICAL EXPENSE BENEFIT SCHEDULE

Benefits are provided up to 80% of the first \$5,000 for Covered Medical Expense incurred, then 100% of U&C to an Aggregate Maximum of \$100,000 per Covered Accident or Sickness, inpatient or outpatient, as the result of a covered accidental injury or sickness. The initial treatment for an accidental injury must be rendered within 30 days of the accident. Benefits for a covered injury or sickness are limited to treatment received within 52 weeks of the date of the accident or first treatment for sickness.

The Company will pay for the medically necessary services in accordance with the usual and customary charge normally made for such services. The following benefit amounts are on a per accident or per sickness basis.

| <u>Inpatient</u> | <u>For Accidents</u> | <u>For Sickness</u> |
|--|-----------------------------|------------------------------------|
| Room/Board/ICU | U&C Semi-private | U&C Semi-private |
| Hospital Misc. | U&C | U&C |
| *Surgery | U&C | U&C |
| Assistant Surgeon | U&C | Up to 20% of Surgery Benefit |
| Anesthetist | U&C | Up to 30% of Surgery Benefit |
| Private Duty RN | U&C | U&C |
| Physician's Visits | U&C | U&C |
| Physiotherapy | U&C | U&C |
| Pre-admission Testing | No Benefit | U&C |
| Psychotherapy | U&C | U&C up to \$10,000 per Policy Year |
| <u>Outpatient</u> | | |
| *Surgery | U&C | U&C |
| Day Surgery Misc. | U&C | U&C |
| Assistant Surgeon | U&C | Up to 20% of Surgery Benefit |
| Anesthetist | U&C | Up to 30% of Surgery Benefit |
| Outpatient Misc. | U&C | U&C |
| Physician's Visits | U&C | U&C |
| Physiotherapy | U&C | U&C |
| Emergency Room | U&C | U&C |
| X-rays/Lab Procedures, Tests & Procedures | U&C | U&C |
| Radiation Therapy & Chemotherapy | No Benefit | U&C |
| Injections | U&C | U&C |
| Psychotherapy | No Benefit | \$150/visit; 12 visit maximum |
| Misc. Supplies | U&C | U&C |
| <u>Other</u> | | |
| Prescription Drugs, including prescription female contraceptives | U&C | 50% of U&C |
| Ground Ambulance | U&C | Up to \$250 |
| Braces & Appliances | U&C | U&C |
| Consultant | U&C | U&C |
| Dental | U&C | No Benefit |
| Medical Evacuation | Up to \$10,000 | Up to \$10,000 |
| Repatriation | Up to \$10,000 | Up to \$10,000 |
| <u>Mandated Benefits</u> | | |
| Wellness Testing | No Benefit | Scheduled |
| Alcoholism Treatment | No Benefit | Treated as any other illness |
| Reconstructive Breast Surgery | No Benefit | Treated as any other illness |
| Treatment of Diabetes, Equipment/Supplies/Education | No Benefit | Treated as any other illness |
| Treatment of Wilm's Tumor | No Benefit | Treated as any other illness |
| Therapeutic Treatment of inherited Metabolic Diseases | No Benefit | Treated as any other illness |
| Mammography (age 35+), Pap Smears & Prostate testing | No Benefit | Included in "Outpatient Misc." |
| Chemical Dependency & Drug Addiction | No Benefit | Treated as any other illness |
| Maternity | No Benefit | Treated as any other illness |
| Childhood Immunizations | No Benefit | Treated as any other illness |
| Lead Poisoning Screening for Children | No Benefit | Treated as any other illness |
| Cancer Treatment; Bone Marrow Transplants | No Benefit | Treated as any other illness |
| Dental Trmt. for Severely Disabled or Children | No Benefit | Treated as any other illness |
| Home Health Care | No Benefit | Treated as any other illness |
| Hemophilia Treatment | No Benefit | Treated as any other illness |
| Infant Formulas | No Benefit | Treated as any other illness |
| Colorectal Cancer Screening | No Benefit | Treated as any other illness |
| Audiology and Speech Language Pathology | No Benefit | Treated as any other illness |
| Infertility Treatment | No Benefit | Treated as any other illness |
| Biologically Based Mental Illness | No Benefit | Treated as any other illness |

of age one baseline mammogram examination; for all women age 40 and over a mammogram examination every year, and in the case of an Insured woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider. &) For all Insured adults, recommended immunizations; and 8) For all Insureds 20 years of age or older, an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being including, but not limited to: a) smoking control; b) nutrition and diet recommendations; c) exercise plans, d) lower back protection; e) weight control; f) immunization practices; g) breast self-examination; h) testicular self-examination; and i) seat belt usage.

If a Physician or other health care provider recommends that it would be medically appropriate for an Insured to receive a different schedule of tests and services than those listed above, We will provide payment for the tests actually provided.

DEFINITIONS

"Accident" means an injury to the body of the Insured caused by physical trauma that results directly from an accident, independently of all other causes; and is not related to the normal functions of the body. Self-inflicted injuries caused by prolonged over-exertion, stress, strain or disease process or aggravation of an existing condition are expressly not covered.

"Benefit Period" means a period of time that begins on the original date of a loss covered by the Policy and continues from that date for [52] weeks. No benefits are payable for any expenses incurred for an Injury or Sickness before or after the Benefit Period.

"Biologically-based Mental Illness" means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the Illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

"Complications of Pregnancy" means: 1) conditions when the pregnancy is not terminated whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. This does NOT include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, preeclampsia, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy. 2) nonelective caesarean section, ectopic

pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

"Covered Medical Expenses" means reasonable charges that: 1) are made for services and supplies which are a medical necessity; 2) are incurred on the approval of a Physician as a Medical Necessity; 3) do not exceed the Usual and Customary Charge for the service or supply provided; 4) do not exceed the maximum benefit amount payable per service as specified in the Insurance Information Schedule; and 5) are in excess of the Deductible, if any. Charges that do not meet all of these requirements are not covered. Covered Medical Expenses will be deemed incurred only: 1) when the covered services are given; and 2) when a charge is made to the Insured for such service.

"Deductible" means the amount shown in the Insurance Information Schedule or any endorsement as Deductible. It will be subtracted from the amounts payable as Covered Medical Expenses before payment of any benefit is made. The Deductible will apply per term of insurance or per Injury or Sickness as specified in the Insurance Information Schedule.

"Elective Surgery or Elective Treatment" includes, but is not limited to, surgery and/or treatment for: acne; acupuncture; allergy, including allergy testing; biofeedback-type services; birth control; breast implants; breast reduction; circumcision; corns, calluses & bunions; deviated nasal septum, including submucous resection and/or other surgical correction of same; 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; non-malignant warts, moles and lesions; obesity and any conditions resulting from same (including hernia of any kind); pre-marital examinations; preventive medicine or vaccines or diet supplements; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders and testing for same; temporomandibular joint dysfunction; tubal ligation; vasectomy and weight reduction. Elective Surgery or Elective Treatment also includes a service, treatment or supply that we deem to be research or experimental; or is not generally recognized and generally accepted medical practice in the United States.

"Extended Care Benefits" means a facility that: 1) is operated pursuant to law; 2) is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; 3) is primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a licensed Physician; 4) provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and 5) maintains a daily medical record of each patient.

Extended Care Facility does not mean: 1) any home, facility or part thereof used primarily for rest; 2) a home or facility for the aged or for the care of drug addicts; or 3) a home or facility primarily used for the care and treatment of mental Diseases or disorders, or custodial or educational care.

"Home Health Care" means those nursing and other home health care services rendered to the Insured in his place of residence under the following conditions: 1) on a part-time or intermittent basis, except when full-time or 24-hour services are needed on a short-term basis; 2) if continuing hospitalization would have been required if Home Health Care was not available; 3) pursuant to a physician's order and under a plan of care established by the physician and a home health care provider.

"Hospital" means an institution that: 1) is operated pursuant to law; 2) operates primarily for the reception, care and treatment of sick or injured persons on an inpatient basis for which a charge is made; 3) provides 24-hour nursing service by or under the supervision of Registered Nurses; 4) has a staff of one or more Physicians available at all times; and 5) provides organized facilities for diagnosis, treatment and surgery, either on its premises or in facilities available to it on a prearranged basis. Hospital does not include: 1) convalescent homes, convalescent, rest or nursing facilities; 2) facilities primarily affording custodial, educational or rehabilitative care; 3) facilities for the aged or drug addicts; 4) an institution specializing in or primarily treating Mental or Nervous Disorders, other than for the treatment of biologically-based mental illness; or 5) any military or veterans' Hospital or soldiers home or any Hospital contracted by any national government or agency thereof for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the Insured for such services.

"Hospital Confined" means confined in a hospital for at least 18 hours by reason of an injury or sickness for which benefits are payable.

"Illness, Sickness, or Disease" means sickness or disease that causes loss beginning while the Policy is in force and which is not excluded under a pre-existing condition limitation. All related conditions and recurrent symptoms of the same or a similar condition will be considered one illness.

"Immediate Family Member" means the Insureds' spouse, mother, father, brother or sister or the Insureds' spouses' mother, father, brother or sister.

"Injury" means accidental bodily injury or injuries resulting directly and independently of all other causes sustained while the Policy is in force for the Insured which results in loss covered by the Policy.

"Insured" means: 1) an eligible, registered student of the Policyholder who has properly enrolled in the program and has paid the appropriate premium for his or her coverage;

and 2) their Dependents, if: a) the Dependent is properly enrolled in the program; b) the appropriate Dependent premium has been paid.

"Medical Emergency" means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) death; 2) permanent placement of the Insured's health in jeopardy; 3) serious impairment of bodily functions; or 4) serious and permanent dysfunction of any body organ or part.

"Medical Necessity" means those services or supplies given or prescribed by a hospital or physician which are: 1) essential for the symptoms and diagnosis or treatment of sickness or injury; 2) given for the diagnosis or direct care and treatment of sickness or injury; 3) in accordance with the standards of good medical practice; 4) not primarily for the convenience of the Insured or his physician; 5) the most appropriate supply or level of service which can safely be given to the Insured.

"Miscellaneous Supplies (Outpatient)" includes, but is not limited to, Ace Bandages, sutures and suturing supplies, Band-Aids, injections, medications, oxygen, blood and blood plasma.

"Per Injury or Per Sickness" means one or more terms of impairment due to the same or related cause. Each term will end only when there is complete recovery from the Injury or Sickness. The Insured's Physician will decide when there is complete recovery.

"Physician" means a practitioner of the healing arts operating within the scope of his or her license. A Physician does not include an Immediate Family Member. A physician includes at least the following 1) a Doctor of Medicine (M.D.); 2) a Doctor of Osteopathy (D.O.); 3) a Doctor of Dentistry (D.M.D. or D.D.S.); 4) a Doctor of Chiropractic (D.C.); 5) a doctor of Optometry (O.D.); 6) a Doctor of Podiatry (D.P.M.); 7) a Doctor of Psychology (Ph.D.); or 8) any other health care practitioner that state law requires us to recognize as a Physician. The term "Physician" does not mean a social worker or sociologist.

"Pre-existing Condition" means an injury or sickness for which the Insured received treatment or advice from a physician or used prescriptions drugs within the six (6) month period immediately preceding the effective date of coverage under the Policy.

"Psychotherapy" means the treatment of a Mental and Nervous Disorder. Psychotherapy must be administered by an M.D. or a licensed psychologist, Ph.D.

"Registered Nurse" means a licensed professional nurse (R.N.). A Nurse does not include an Immediate Family Member.

"Sound, Natural Teeth" means natural teeth, of which the major portion of the individual tooth is present, regardless of fillings or caps and which is not carious, abscessed or defective.

“Usual and Customary Charges” means a reasonable charge that is: (a) usual and customary when compared with charges made for similar services and supplies; and (b) made to persons having similar medical conditions in the locality of the school. No payment will be made under the Policy for any expenses incurred which in the judgment of the Company are in excess of the usual and customary charges.

“Total Disability”, in so far as the Extension of Benefits and/or the Continuation of Coverage provisions are concerned, means that the Insured Student is not engaged in any gainful occupation and is completely unable, due to Sickness or Injury or both, to engage in any and every gainful occupation for which the person is reasonably fitted by education, training or experience. Under the terms of the Policy, this would mean that he or she is unable to continue their studies as the result of that Total Disability.

EXCLUSIONS

No benefit will be paid nor is a premium charged for loss or expense caused by, contributed to, by any of the following:

General Exclusions

1. Services given normally without charge by the Health Service of the school, or by any person employed or retained by the school or services covered by a student health fee;
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems not caused by accidental injury or sickness covered by the policy; “Visual Defects” means any physical defect of the eye that does or can impair normal sight;
3. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. “Hearing Defects” means any physical defect of the ear which does or can impair normal hearing;
4. War or any act of war, declared or undeclared, or while in the Armed Forces of any country (*a pro-rata premium will be refunded upon request for such period not covered);
5. The Insured’s participation in a riot or insurrection;
6. The Insured’s commission of or attempt to commit a felony or the Insured’s engagement in an illegal occupation;
7. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury;
8. Treatment in a Government Hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
9. Being under the influence of any narcotic unless administered or consumed on the advice of a physician;
10. For any loss sustained or contracted as a consequence of the Insured’s being intoxicated;

11. Elective surgery or treatment as defined in the policy;
12. Injury or sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
13. Cosmetic surgery, unless related to treatment of a covered Accident or for treatment of medically diagnosed congenital defects and birth abnormalities for Dependents covered from the moment of birth;
14. Hospital confinement for purposes of custodial care.

Accident Exclusions

15. Injury expense incurred while: 1) participating in any interscholastic, intercollegiate, club, professional or semi-professional sport, contest or competition; 2) traveling to or from such sport, contest or competition as a participant; or 3) while participating in any practice or conditioning program for such sport, contest or competition, except as may be specifically provided;
16. The Insured’s participation in any of the following: skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
17. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile or two or three-wheeled motor vehicle;

Sickness Exclusions

18. Dental treatment, except for accidental injury to sound, natural teeth and for treatment of the severely disabled and dependent children under age five as provided;
19. Routine newborn baby care, well-baby nursery and related Physician charges;
20. Congenital conditions, except as specifically provided for newborn infants;
21. Organ transplants; reimplantation, transplantation or experimental surgery.
22. Elective abortion (in excess of \$500 per Policy Year).

*All requests for premium refunds must be in writing and sent to T.L. Groseclose Associates, Inc.

Pre-existing Condition

No benefit will be payable under the Policy for the first 12 months following the effective date of the Insured’s coverage. However, this provision will not limit benefits for a pre-existing condition if: 1) during the period immediately preceding the Insured’s becoming insured under the Policy, he or she was enrolled as a member under another group policy issued to the School that provided similar benefits with no lapse in coverage; and 2) benefits were paid for the pre-existing condition under the prior group policy.

CLAIMS PROVISIONS

NOTICE OF CLAIM: You must give written notice of claim to us or our authorized agent. This must be done within twenty (20) days after a claim begins or as soon as possi-

ble. Notice given by or on your behalf with enough information to identify you is notice to us.

CLAIM FORMS: When we receive a notice of claim, we will furnish claim forms. If we do not do this within 15 days after we get written notice, you can send us written proof of loss telling us of the occurrence, the character and extent of the loss for which claim is made.

PROOF OF LOSS: Written Proof of Loss must be given to us or our authorized agent within 90 days of the loss. If it is not given within the time required, the claim will not be invalid or reduced if it was not reasonably possible to do so.

Proof of loss must describe the incident, extent and the type of loss. For death claims, proof of loss means certified copies of the death certificate, autopsy (if performed), Coroner, Medical Examiner or Justice of the Peace reports. Police Motor Vehicle Accident Report or Police Incident Report, if applicable, are also Proof of Loss documents.

If the claim is for a continuing loss for which we made periodic payments, written proof of loss must be given to us within 90 days after the end of each period that benefits are payable, or as soon as possible.

TIME OF PAYMENT OF CLAIMS: We will pay all benefits due not more than 60 days after receipt of proof of loss.

PAYMENT OF CLAIMS: Benefits for loss of life will be paid to the beneficiary. If no beneficiary has been designated, benefits will be paid to your estate. Any other accrued benefits, not to exceed -\$0- unpaid at your death may, at our option, be paid either to the beneficiary or to your estate. All other benefits will be paid to the Insured. We may pay benefits for Covered Medical Expenses directly to the provider of medical services if you request us to do so. Any such payment by us in good faith will end our liability to the extent of such payment.

BENEFICIARY: Accidental death benefits, if any, will be paid to the beneficiary as designated in writing by you and on file with the Plan Administrator. If no beneficiary has been named, benefits will be payable in the following order of preference: 1) to the spouse, if living; otherwise 2) equally to any lawful children, if living; otherwise 3) equally to the mother and father, if living; otherwise 4) to your estate.

BENEFICIARY DESIGNATION: You may choose one or more beneficiaries. We will give forms for this use. Such forms must be filed with the Plan Administrator. The beneficiary may be changed at any time. the beneficiary's consent is not required unless an irrevocable beneficiary has been named. The change will be effective only upon receipt by the Plan Administrator. The change will take effect on the date it is signed. Any payment we make in good faith before we receive any beneficiary change will end our liability to the extent of such payment.

LEGAL ACTIONS: No legal action can be brought to recover on the Policy prior to the end of 60 days after written proofs of loss have been given. No such action can be brought after 3 years from the time written Proofs of Loss are required to be given.

PHYSICAL EXAMINATION: As a part of Proof of Loss, we, at our own expense, have the right: 1) to examine the person of any Insured when and as often as we may reasonably require while a claim is pending; and 2) to have an autopsy made in case of death where it is not forbidden by law.

We have the right to get a Physician's opinion about treatment or hospitalization. If you do not show up for an exam by a Physician when we request it, we may: 1) withhold payment of Covered Medical Expenses until the exam is done and the Physician's report is received; and 2) deduct from benefits the amount we had to pay the physician who was to make the exam.

| | |
|---|--|
|  | Your out-of-pocket costs may be lower when you utilize a Devon provider. |
| | For a listing of Devon providers go to: www.devonhealth.com 800-431-2273 |

CLAIM PROCEDURES

Secure a claim form from the University Health Service. Fill in the necessary information, have the doctor complete his portion of the form, attach all doctor and hospital bills and mail to:

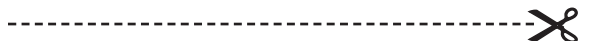
T.L. Groseclose Associates, Inc.
190 Tamarack Circle • Skillman, NJ 08558
609-279-1507

During school breaks or vacation, you can obtain a claim form by writing or calling the above.

For additional information, please contact the Rider University Health Center.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal



**PLEASE RETAIN THIS CARD
THIS IS TO CERTIFY THAT**

Name of Insured

IS PARTICIPATING IN THE 2008
INTERNATIONAL STUDENT
MEDICAL INSURANCE PLAN FOR
RIDER UNIVERSITY
Subject to Verification by Plan Administrator

request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to T.L. Groseclose Associates, Inc., 190 Tamarack Circle, Skillman, NJ 08558.

Underwritten By:

**COMMERCIAL TRAVELERS MUTUAL
INSURANCE COMPANY**

70 Genesee St., Utica, NY 13502
as policy form # CTGP-1000

For a copy of the Company's Privacy Notice, go to:

www.commercialtravelers.com/privacy.html

*or Request one from the Health office
at your school*

or Request one from:

Commercial Travelers Mutual Insurance Company
c/o Privacy Officer

70 Genesee Street • Utica, NY 13502

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

Network Provider:

Devon Health Services, Inc.

800-431-2273 • www.devonhealth.com

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

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Agent, T.L. Groseclose Associates when you need such certification.

Please keep this certificate as a summary of your insurance. The Insurance Policy is on file at the University and contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the certificate and the Policy, the Policy will govern and control the payment of benefits.

Submit all claims to the address indicated below:

T.L. Groseclose Associates, Inc.

190 Tamarack Circle • Skillman, NJ 08558
609-279-1507

Underwritten by

Commercial Travelers Mutual Insurance Company

70 Genesee St., Utica, NY 13502

For additional insurance information, consult the
University website at: www.rider.edu



800-431-2273
www.devonhealth.com