

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 \$35,000 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.

CLAIM PROCEDURES

In the event of injury or illness, students should contact the College Health Center at once for full instructions. If away from school, secure treatment and the bill or pay the bill

and obtain a receipt. Procure instructions for benefit procedure and claim forms from the college Health Center and follow these instructions fully and promptly. All claim payments are made from T.L. Groseclose Associates, Inc. Proof of Loss must be submitted within 90 days following the date of accident or start of sickness to:

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

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to T.L. Groseclose Associates, Inc., 190 Tamarack Circle, Skillman, NJ 08558.

Underwritten By:

COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY
70 Genesee Street • Utica, New York 13502

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.)

Contents . . .

Eligibility & Cost • Effective & Termination Dates
Benefits • Definitions • ID Card • Exclusions & Limitations
Claims Provisions & Procedures

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 College 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.

Group Student Accident and Sickness Insurance Program

Designed for
Students of

Rider 
University

2008–2009

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

Underwritten by
**COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY**
Utica, NY

as policy form # CTGP-1000

CTGC-1000

08-G3A36(Bro)

will be effective from January 26, 2009 or the date of premium payment, whichever is later, until August 15, 2009. Coverage under the Plan expires at 12:01 A.M. August 15, 2009.

Accidental Death & Dismemberment

\$1,500 payable when an injury results in the loss of life within 180 days of the accident. \$1,500 payable per Plan schedule for Accidental Dismemberment.

MAJOR MEDICAL SUPPLEMENT

After incurring \$2,500 in basic benefits under either the accident or sickness provision of the Plan for any one accident or sickness, this Plan will pay 80% of the expenses incurred in excess of \$2,500, up to, but not exceeding \$25,000 for Covered Medical Expenses for any one accident or sickness. Expenses must be incurred within one year from the date of accident or sickness.

No benefits will be paid under the Major Medical Expense for loss or expense caused by, contributed to or resulting from:

1. Room and board expenses which exceed the semi-private room rate;
2. Dental treatment;
3. Mental or Nervous Disorders;
4. Injuries sustained during the organized practice or competition in intercollegiate, club, semi-professional, or professional sports;
5. Treatment expense incurred beyond 1 year from the onset of Sickness/Illness symptoms covered by the Plan or the original date of Injury covered by the Plan;
6. Psychology or Psychiatric treatment, evaluation or expense;
7. For any loss sustained or contracted as a consequence of the insured being intoxicated, in excess of \$2,500.

OPTIONAL ENHANCED MAJOR MEDICAL BENEFIT (Additional Premium of \$152 Required)

If this optional benefit is purchased, the MAJOR MEDICAL SUPPLEMENT would be increased from a \$25,000 maximum benefit to a \$50,000 maximum benefit for any covered accident or sickness. All policy terms, provisions and exclusions apply, including the MAJOR MEDICAL SUPPLEMENT exclusions listed in this brochure. The effective date of coverage with regard to this option begins on the date that the standard benefit coverage option begins, or the date the full premium of the Optional Enhanced Major Medical Benefit is received by the Company. Coverage terminates on August 15, 2009.

This option is available only to students that are insured under the standard benefits option. This option may not be purchased separately. Purchase must be made prior to October 7, 2008 for the Fall semester or before February 28, 2009 for the Spring semester. Enrollment requests for coverage received after 10/7/08 for the Fall semester, and

2/28/09 for the Spring Semester will not be accepted. To enroll in this optional benefit, fill out the enrollment card and mail it with the appropriate premium payment to T.L. Groseclose Associates, Inc., 190 Tamarack Circle, Skillman, NJ, 08558. Make check payable to "Commercial Travelers."

WELLNESS HEALTH EXAMINATIONS

Benefits will be provided on the same basis as benefits for any other Sickness and includes the following tests in connection with a Wellness Health Examination for all Insureds: 1) Age 20 and older, annual tests to determine blood hemoglobin, blood pressure, blood glucose level and blood cholesterol level or LDL and HDL levels; 2) Age 35 and older, a glaucoma eye test every five years; 3) Age 40 and older, an annual stool examination for presence of blood; 4) Age 45 and older, a left-sided colon exam of 35 to 60 centimeters every five years; 5) Women, age 20 and older, a pap smear every two years; 6) Women age 40 and older, an annual mammogram examination, unless the Policy to which this benefit applies also includes a mammography benefit; 7) Adult recommended immunizations; and 8) Age 20 and older, an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being, including, but not limited to: smoking control, nutrition and diet recommendations, exercise plans, lower back protection, weight control, immunization practices, breast self-examination, testicular self-examination, and seat belt usage. Benefits payable under this section are subject to change annually by the Commissioner of Insurance in the State of New Jersey and will not exceed the established limits in effect at the time a claim is submitted.

DEFINITIONS

"Accident" means an injury to the body of the Insured caused by physical trauma occurring while his or her coverage is in force which results directly and independently of all other causes from an accident 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 such loss before or after the Benefit Period.

"Covered Medical Expenses" means reasonable charges which are: 1) not in excess of usual and customary charges; 2) not in excess of the maximum benefit amount payable per service; 3) made for services and supplies which are a medical necessity; 4) made for services included in the benefits; and 5) in excess of the deductible amount, if any.

"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; cosmetic procedures except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Policy; 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; Nonmalignant warts, moles & lesions; Obesity and any conditions resulting from same (including hernia of any kind); Premarital 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 & testing for same; Temporomandibular joint dysfunction; Tubal ligation; Vasectomy; and Weight reduction.

"Extended Care Benefits" means expenses incurred during confinement in an extended care facility. The Insured must be covered by the Policy when the confinement starts. Expenses must be usual and customary covered expenses and care must be prescribed by a physician. The physician has to certify that proper care would have meant continued confinement in a hospital if extended care was not obtainable.

"Home Health Care" means the 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 duly licensed and operating within the scope of such license; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the

PLEASE RETAIN THIS CARD

THIS IS TO CERTIFY THAT

Name of Insured

IS PARTICIPATING IN THE 2008-2009
STUDENT MEDICAL INSURANCE PLAN FOR
RIDER UNIVERSITY
Policy # 2008G3A36

*Possession of this card does not guarantee eligibility.
Eligibility is subject to Verification
by Plan Administrator
The student must be enrolled in the plan.*

supervision of a staff of one or more legally qualified physicians; 4) continuously gives 24-hour nursing service by R.N.'s; 5) has organized facilities or prearranged facilities for diagnosis and surgery on premises; 6) is not primarily a clinic, nursing, rest or convalescent home.

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

"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.

"Injury" means accidental bodily injury resulting directly and independently of all other causes sustained while the Policy is in force.

"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.

"Immediate Family Member" means the Insured's spouse, mother, father, brother or sister or the Insured's spouse's mother, father, brother or sister.

"Miscellaneous Supplies" include, but are not limited to, Ace Bandages, sutures and suturing supplies, Band-Aids, injections, medications, oxygen, blood and blood plasma.

"Physician" means a practitioner of the healing arts operating within the scope of his or her license. 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 healthcare practitioner that state law requires us to recognize as a physician.

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

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 Street • Utica, New York 13502



800-431-2273

www.devonhealth.com

"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 judgement of the Company are in excess of the usual and customary charges.

EXCLUSIONS

No benefit will be paid for loss or expense caused by, contributed to, or resulting from:

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 covered by accidental Injury or Sickness covered by the Policy. "Visual Defects" means any physical defect of the eye which 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. Dental treatment, except for accidental injury to sound, natural teeth;
5. 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);
6. The Insured's participation in a riot or insurrection;
7. The Insured's commission of or attempt to commit a felony, or the Insured's engagement in an illegal occupation;
8. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury;
9. 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;
10. The Insured's participation in any of the following: sky-diving, 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;
11. Treatment in a Government Hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
12. The Insured's being under the influence of any narcotic unless administered or consumed on the advice of a physician;
13. Elective surgery and elective treatment;
14. Routine newborn baby care, well-baby nursery and related Physician charges;

15. Congenital conditions, except as specifically provided for newborn infants;
16. Injury or sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Organ transplants; cosmetic surgery (unless related to the treatment of a covered accident); reimplantation, transplantation or experimental surgery;
18. Covered accidents for which treatment by a licensed physician was not received within 30 days of the date of such accident;
19. Hospital confinement for purposes of custodial care;
20. Injury as a result of the insured's being intoxicated in excess of \$2,500;
21. Elective abortion.

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 that provided similar benefits with no lapse in coverage; and 2) benefits were paid for the pre-existing condition under the prior group policy.

LIMITATIONS

This Plan cannot establish physicians fees, and therefore, cannot guarantee that payments made by the Insurance Company will cover all physician and surgeon charges in full.

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 possible. 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