EXCLUSIONS

No benefit will be paid for an injury or expense caused by:

1. Services given normally without charge by the Health Service if you request us to do so and the provider of medical services if you request us to do so.
2. Medical care, any service, or any expense while in the Armed Forces of any country (*a pro-rata exception is made for hearings and appeals).
3. Services while in prison, labor reform camp, work farm, or other correctional institution.
4. Medical care, any service, or any expense incurred by or for the insured while intoxicated.
5. War or any act of war, declared or undeclared, or any act of a public enemy.
6. Services or supplies which are in excess of the usual and customary charges.
7. War or any act of war, declared or undeclared, or any act of a public enemy.
8. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury; or the insured's engagement in an illegal occupation; or intentional misconduct.
9. Medical, surgical, or related Physician charges; or the insured's engagement in an illegal occupation; or intentional misconduct.
10. The Insured's participation in any of the following: scheduled flight of a commercial airline; sailing, sail planing, or flight in any kind of aircraft, diving, parachuting, hang gliding, glider flying, parasailing, or paragliding; hunting; horseback riding; or while in any school or institution of higher education; or any other activity that is not covered.
11. Treatment in a Government Hospital, unless there is a specific provision in the Agreement for such treatment.
12. Services which are not provided by a physician licensed under law to practice medicine in the State of New Jersey.
13. Services or supplies which do not meet the standards of good medical practice.
14. Services or supplies which are not prescribed by a hospital or physician which are: 1) essential to prevent death or to save sight; or 2) related to the treatment of a condition which is not excluded under a pre-existing condition that causes loss beginning while the Policy is in force.
15. Injury sustained or contracted while in the Armed Forces of any country.
16. Services or supplies which are in excess of the usual and customary charges.
17. Organ transplants, cosmetic surgery (unless related to the treatment of a condition which is not excluded under a pre-existing condition that causes loss beginning while the Policy is in force), transplanation or experimental surgery.
18. Covered accidents for which treatment by a licensed Physician was not received within 30 days of the date of accident.
19. College Health Center at once for full instructions. If away from the College, go to the nearest hospital or other medical facility for treatment. No payment will be made under the Policy if the claimant is treated at a hospital other than a hospital which the College Health Center has authorized for such treatment.
20. Injury as a result of the insured's being intoxicated in connection with the insured's participation in any of the following: scheduled flight of a commercial airline; sailing, sail planing, or flight in any kind of aircraft, diving, parachuting, hang gliding, glider flying, parasailing, or paragliding; hunting; horseback riding; or any other activity that is not covered.

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 becomes known 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 send you a claim form. If we do not receive this form within 60 days after we get written notice, you can send us written proof of loss. The claim form will indicate the maximum amount of a claim.

PROOF OF LOSS: Written Proof of Loss must be given by the Insured within 60 days of the date of loss. If we do not receive this form within the time required, the claim will not be considered for payment. If proof of loss is not received within 60 days of the date of loss, proof of loss must describe the incident, extent of the loss, and type of loss. For death claims, proof of loss must means certified copy of death certificate, if performed.

PHYSICAL EXAMINATION: As a part of Proof of Loss, we, or our authorized representative, may require a Physician's opinion about treatment or hospitalization. If you do not show up for an examination we have requested, 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 to the physician who saw the insured.

PROCEDUREs

In the event of injury or illness, students should contact the Health Service at least once for full instructions. If away from the College, go to the nearest hospital or other medical facility for treatment. No payment will be made under the Policy if the claimant is treated at a hospital other than a hospital which the College Health Center has authorized for such treatment.

TIME OF PAYMENT OF CLAIMS: We will pay all benefits within the shorter of sixty (60) days after the receipt of proof of loss or 30 days after the end of each policy period.

BENEFICIARY: Accidental death benefits, if any, will be payable to the person named as beneficiary in the Policy. If no beneficiary has been named, or if the named beneficiary is in excess of the amount payable under this Policy and the insurance equivalent of the amount of benefits paid, if any, an estate, or the Insured's mother, father, spouse, or a legal guardian of the insured, or if none of these are in excess of $2,500, to the Insured or the beneficiary designated in the Agreement.

LEGAL ACTIONS: No legal action can be brought to enforce the terms of this Policy until at least 90 days have elapsed after the happening of the event constituting the subject matter of the action. Any legal action brought must be commenced within 2 years after the date on which proof of loss was given. If no proof of loss has been given, any such action must be commenced within 6 years after the date of the event constituting the subject matter of the action.

The Insurance Policy is on file at the College and contains all the provisions, exclusions and qualifications of your insurance policy which may be not be included in this Certificate. This Certificate is Subject to the Insurance Policy.

HOW TO FILE AN APPEAL

If a claim is denied, the Insured or his or her authorized representative may file a written appeal within 60 days of the date of denial. If the claim is denied in whole or in part, the Insured or the Insured's authorized representative may file a written appeal within 60 days of the date of denial. If the claim is denied in whole or in part, the Insured or the Insured's authorized representative may file a written appeal within 60 days of the date of denial.

Legal Action: No legal action can be brought to enforce the terms of this Policy until at least 90 days have elapsed after the happening of the event constituting the subject matter of the action. Any legal action brought must be commenced within 2 years after the date on which proof of loss was given. If no proof of loss has been given, any such action must be commenced within 6 years after the date of the event constituting the subject matter of the action.
Dear Student and Parents:  
As of July 1, 1989, it is the practice of this University to provide insurance which provides basic hospital and medical services for all full-time students enrolled at Rider University. Rider University participates in the State Comprehensive Plan for Student Health Insurance which provides a health insurance plan. The University insurance plan is managed by the Student Health Insurance Association (SHIA) through a contract with Groseclose Associates, Inc., 190 Tamarack Circle, Lawrenceville 1/21/11–8/15/11 $135.00  
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Dear Student and Parents:

As of July 1, 1996, insurance is mandatory for all full-time students enrolled in a public or private institution of higher education. The University offers a student health insurance plan through Blue Cross Blue Shield, which provides basic health benefits. This insurance plan is based on the premium charged for coverage during the academic year 2010-2011.

Benefits are provided up to $2,500 (for rider, spouse, and dependents) for Covered Medical Expenses incurred, inpatient or outpatient, as a result of a covered accidental injury or sickness. The initial treatment for an accidental injury must be rendered within 30 days of the date of the accident. Covered treatment received within the 30-day period following the date of the accident is considered as initial treatment. Covered treatment received after the 30-day period following the date of the accident is considered as treatment for sickness.

The Company will pay for the Essential Services and necessary services and usual and customary care normally made for such services as follows except as otherwise stated:

- Physician’s Services
- Hospitalization
- Anesthesia
- Medical Imaging
- Physiotherapy
- Radiology
- Psychotherapy
- Professional Services (Health Care Providers)
- Pharmacy
- Home Health Care (benefit based on a service denial)
- Outpatient
- Dental
- Cancer Treatment
- Obstetrics/Gynecology (excluding the delivery of a baby)
- Preventive Services
- Wellness

EVALUATION OF HEALTH STATUS

The Company reserves the right to evaluate the health status of the Insured. The Company may require such health examination or health evaluation as it may deem necessary. The Company reserves the right to terminate coverage on the last day of the calendar year in which the dependent reaches age 18.

The policy starts on August 15, 2010, and terminates on August 15, 2011, unless the policy is cancelled or reinsured or premiums are not paid in full for the year.

EFFECTIVE AND TERMINATION DATES

Covered treatment begins on the date the policy was issued and continues until the last day of the policy period, which is the date of discontinuance of the policy, or the date policy coverage is canceled or reissued.

Period of Coverage

Full Time
Lawrenceville & Westminster 8/15/10–8/15/11 $270.00
Spring Semester
Westminster 8/22/11–12/15/11 $135.00
Lawrenceville 9/21/11–12/15/11 $135.00
Summer EOP Students 8/22/11–8/22/11 $60.00

EFFECTIVE AND TERMINATION DATES

The policy is effective 31 days after the date of issue. Annual premium, $135.00. This insurance will remain in effect even if the student discontinues enrollment in Rider.

Students entering Rider in January will be charged one half the amount for the year $270.00 is due in August. Students entering Rider in January will be charged one full annual premium, $135.00. This insurance will remain in effect even if the student discontinues enrollment in Rider.

To waive the Rider insurance go to www.rideradmits.com. Enter your Easy Pass account user name and password and click on "Student Insurance Waiver" Complete and submit the waiver form.

If the student fails to waive the insurance based on the specific date, the student will be automatically enrolled in this Plan and billed for the full premium. It is important to the insurance if you do not wish to be charged for the health insurance fee. A copy of the student medical insurance policy issued to the University is maintained in the Student Health Center. School forms may be obtained in the Student Health Center. Please contact the Student Health Center for further information.

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expenses incurred which in the judgement of the Company is in excess of the usual and customary when compared with charges that is: (a) usual and customary when compared with charges that state law requires us to recognize as a physician.

5. Primary care of any newborn infant by a physician, whether in a hospital or otherwise.

6. The Insured's participation in a riot or insurrection;

7. The Insured while in the Armed Forces of any country (*a pro-rata

8. Suicide or attempted suicide while sane or insane (including

9. Injury incurred while: 1) participating in any interscholastic, intercollegiate, club, professional or

10. The Insured while in any non-automobile motor vehicle and while in the Armed Forces of the United States providing the vehicle is not operated by any commercial

11. Treatment in a Government Hospital, unless there is a legal obligation to pay as part of the

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; except

14. Routine newborn baby care, well-baby nursery and related

15. Congenital conditions, except as specifically provided for

16. Injury or sickness for which benefits are paid or payable under Workmen’s Compensation or Occupational Disease Law, or similar legislation;

17. Organ transplants, cosmetic surgery (unless related to diagnosis, 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;

EXCLUSIONS

No benefit will be paid for loss or expense caused by

1. Services given normally required by the Health Service Professional as part of his or her normal practice or services retained by the school or services covered by a stu

2. Eye examinations; prescribing or fitting of eyeglass

3. Hearing examinations or hearing aids; or other treat

4. Dental treatment, except for accidental injury to

5. Animals, if the Insured is not the owner.

willing to do so. Any such payment by us in good faith will end our lia

6. Injury which is not excluded under a pre-existing condition

7. Additional information they feel supports their request for an appeal, e.g. medical records, physician records, etc. Please submit an appeal to the Claim Administrator addressed at the listed above.

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