

EXCLUSIONS AND LIMITATIONS

Unless specifically provided for in the policy, benefits will not be paid for loss or expense caused by, contributed to, or resulting from:

1. Expense incurred as a result of participation in a felony.
2. Expenses incurred as a result of Injury due to participation in a riot.
3. Expenses incurred for Injury or Sickness resulting from declared or undeclared war or any act thereof.
4. An act of terrorism.
5. Expenses incurred as a result of an Accident occurring in consequence of 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 scheduled airline maintaining regular published schedules on a regularly established route.
6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country.
7. Expenses incurred as a result of Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. Expenses incurred for treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for a treatment, service, or supply which is not Medically Necessary.
10. Expenses incurred for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection, or other disease of the involved part of a covered Dependent child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. Driving under the influence of a controlled substance unless administered on the advice of a doctor.
12. Expenses incurred for the treatment of alcoholism or drug addiction except as specifically provided in this Policy.
13. Flight in an ultra light aircraft, hang-gliding, glider flying, sail planning, parachuting, skydiving, or bungee cord jumping.
14. Ballooning, para-sailing, bo-sledding, scuba diving, travel in or upon any two- or three-wheeled motor vehicle.
15. Expenses incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth, or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
16. Expenses incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by healthcare providers employed by the Policyholder.
17. Expenses incurred for any services rendered by a member of the Covered Person's Immediate Family.
18. Expenses incurred for treatment of Mental or Nervous Disorders except as specifically provided in this Policy.
19. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports.
20. Expenses incurred for eyeglasses, contact lenses, hearing aids, or prescriptions or examinations for such except as required for repair caused by a covered Injury.
21. Expenses incurred for preventative medicines, serums, vaccines, or oral contraceptives except as specifically provided in this Policy.
22. Expenses incurred for voluntary or elective abortions unless otherwise provided in this Policy.
23. Routine Medical Care, Except as specifically provided in this Policy.
24. Normal Health Checkups, except as specifically provided in this Policy.
25. Contraceptive methods, devices, or aids, elective sterilization or its reversal, artificial insemination, or in-vitro fertilization except as mandated by law.
26. Routine newborn infant care, well-baby nursery care, and related physician's charges, except as specifically provided in this Policy.

DEFINITIONS

"**Accident**" means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or Disease of any kind; and (c) causes Injury.

"**Expense(s)**" as used herein means those charges for any treatment, service or supplies: (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; and (c) incurred while this Policy is in force as to the Covered Person except with respect to any Expenses payable under the Extension of Benefits Provision.

"**Injury**" means bodily injury caused by an Accident. This includes related conditions and recurrent symptoms of such injury. All Injuries due to the same or a related cause are considered one Injury.

"**Pre-Existing Condition**" means any Injury, Sickness or Condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within 6 months prior to the Covered Person's effective date of insurance.

"**Reasonable and Customary**" means the charge which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; and (c) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

PRE-EXISTING CONDITIONS LIMITATION

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 under the Policy for more than 12 months; or
2. a. The individual seeking coverage under the Policy has an aggregate of 12 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage; and
- b. Whose most recent prior Creditable Coverage was under an employer group health plan;

CREDIT FOR PRIOR COVERAGE

A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under this Policy, will have any applicable Pre-Existing Condition Limitation reduced by the total number of days the Covered Person was covered by such Coverage. If there was a break in Creditable Coverage of more than 63 days, AultCare will credit only the days of such coverage after the break.

- ◆ Any Individual or Group Policy, contract or program, that is written or administered by a disability insurance company, healthcare service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
- ◆ The federal Medicare program pursuant to Title XVIII of the Social Security Act.
- ◆ The Medicaid program pursuant to Title XIX of the Social Security Act.
- ◆ Any other publicly sponsored program, provided in this state or elsewhere, of medical, hospital, and surgical care.
- ◆ 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services [CHAMPUS]).
- ◆ A medical care program of the Indian Health Service or of a tribal organization.
- ◆ A state health benefits risk pool.

- ◆ A health plan offered under 5 U.S.C.A. Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program [FEHBP]).
- ◆ A public health plan as defined in federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996.
- ◆ A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)).
- ◆ Any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVUU of the Federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).

Creditable Coverage includes continuation or conversion coverage but does not include accident only, credit, coverage for on-site medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

EXTENSION OF BENEFITS

Coverage provided under the Policy ceases on the termination date. However, if a covered person is hospital confined on the termination date from a covered injury or sickness for which benefits were paid before the termination date, covered medical expenses for such injury or sickness will continue to be paid as long as the condition continues, for the duration of recovery or within 90 days after the termination date, whichever comes first. The total payments made will not exceed the maximum benefit.

STUDENT HEALTH CLINIC

Walsh University operates a well-equipped Health Clinic, located in the Wellness Center of the Physical Education Center. Walsh University provides the best medical facilities possible for all conditions which can be treated in a clinical setting. If you need assistance that the SHC cannot provide, the staff will refer you to the proper AultCare Facility or Physician. The SHC is open Monday to Friday during the academic year and is closed Saturday's, Sunday's, and University holidays.

HOW TO FILE YOUR CLAIMS

If you go to a provider in the AultCare Network, providers will file claims for you. In the event you go to a provider who is not participating in the AultCare Network you will be required to complete a claim for (you can download a claim for by going to the AultCare website - www.aultcare.com). Then follow these steps:

- 1) You must file claim within 90 days.
- 2) Fill in the information on the claim form,
- 3) Staple all your medical bills to form and mail to:

Claims

AultCare Corporation
P.O. Box 6910 • Canton, OH 44706
Phone: 330-363-6360

If you have not received your password, go to the AultCare website — www.aultcare.com, click on contact us to request your personal password. Once you receive your password you will be able to view your claims on-line.

Visit the Leonard Insurance Service Website at

<http://www.leonardinsurance.com>

- Download Brochure
- Search the Web for PPO Providers.

Local Agency

Leonard Insurance Services
4244 Mount Pleasant St., Suite 200 • North Canton, OH 44720
1-800-451-1904 • 330-266-1904

STUDENT HEALTH INSURANCE PROGRAM

*Designed for
the Students of*

WALSH UNIVERSITY



2009 - 2010

AULTCARE

IMPORTANT NOTICE

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 information, please go to www.leonardinsurance.com.

TO THE STUDENTS

Walsh University requires all Full-Time Undergraduate Students to have health insurance. Students with 6 or more credit hours who do not qualify as Full-Time Status have the availability to purchase this plan on a voluntary basis. Eligible students who enroll may also insure their dependents. Eligible dependents are the spouse (residing with the insured student) and unmarried children under 23 if enrolled as a Full-Time Student. Dependent eligibility expires concurrently with that of the covered person. Newly born children of the covered person will be insured from birth through the first 31 days. The Newborn Child must be enrolled within 31 days of birth. If the newborn is not enrolled, any conditions will be considered pre-existing. Coverage beyond the 31 days is subject to an additional premium. If you have any questions, please contact AultCare Service Center on-line at www.aultcare.com or call 1-800-344-8858 or 330-363-6360.

Everyone — especially students — needs health insurance. Good health is essential to your academic success, and adequate insurance helps you get the care you need to maintain your health.

Providing insurance coverage for students without health insurance allows uninsured students to gain coverage at a much lower cost than an individual policy.

AUTOMATIC ENROLLMENT IF WAIVER REQUIREMENTS ARE NOT MET

All eligible students who are already covered under their parents plan, or who have other coverage may “waive” out of the insurance plan by completing the required on-line waiver form through Leonard Insurance’s web site (www.leonardinsurance.com).

HOW TO WAIVE IF YOU HAVE OTHER HEALTH INSURANCE COVERAGE:

HOW TO ACCESS THE ON-LINE WAIVER FORM:

1. Go to Leonard Insurance Services website: www.leonardinsurance.com
2. Click on Student Health.
3. Click on the Waive Button under Walsh University 2009-2010 School Year.
4. Complete Waiver Form and Submit.
5. You will receive confirmation your waiver has been received.
6. The insurance premium will be removed from your student account.

The on-line Waiver Form must be submitted by Friday, September 25, 2009. In the event you fail to complete the waiver the insurance fee will remain on your tuition account.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the School becomes effective at 12:01 a.m., August 25, 2009. Coverage becomes effective on that date or the date the enrollment form and full premium are received by AultCare or its authorized representative(s), whichever is later. The Master Policy terminates at 12:01 a.m., August 24, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Insurance for the covered person and dependents will end on the earliest of the date you are no longer eligible, you become an active, full-time member of any armed forces, you reach the end of the period for which premium was paid, the policy is terminated, or the date the participating organization ceases to be a participant under the policy. Dependent coverage will not be effective prior to that of the covered person or extend beyond that of the covered person.

COVERAGE PERIODS

Annual.....8/25/09 through 8/24/10
 Spring / Summer.....1/11/10 through 8/24/10

Excepts are:

- (1) Birth / Adoption
- (2) Marriage / Divorce, and
- (3) Loss of Benefits due to job/coming off parents’ plan.

ANNUAL RATES

	<u>ANNUAL RATES</u>	<u>SPRING/SUMMER RATES</u>
Student	\$790	\$508
Student & Spouse	\$2,070	\$1,348
Each Child	\$1,152	\$751

SCOPE OF COVERAGE

If a covered person incurs eligible expenses for any of the services on the Schedule of Benefits, we will pay the applicable benefit, subject to any deductible amount and benefit percentage.

AultCare

AultCare offers a choice of qualified physicians, hospitals, and other health care providers through their network and preferred provider programs. Providers may be added or deleted as participants in the Preferred Provider Organization (PPO). It is the covered person’s responsibility to verify that a provider is an active provider before services are rendered. For provider information, visit www.aultcare.com.

MEDICAL EXPENSE BENEFITS

The Student Health Insurance Program begins to pay once you meet the deductible. Up to \$50,000 Maximum Benefit per condition The deductible amount depends upon where you receive treatment:

<u>Medical Care Provider</u>	<u>Deductible Amount</u>
◆ AultCare	\$250 per year per insured
◆ Other Physicians and Community Provider	\$500 per year per insured

After the deductible, the Student Health Insurance program will pay up to a maximum benefit of \$50,000 for each covered Injury or Sickness subject to the following co-insurance.

◆ AultCare	80% PPO allowance after a \$250 deductible per year per insured
◆ Other Physicians and Community Providers	60% RC after a \$500 deductible per year per insured

AultCare Prescription Drug Program

Welcome to the AultCare Prescription Drug Program. This program offers savings, convenience and service for you and your eligible dependents.

	<u>Benefits</u>	
	<u>Retail</u>	<u>Mail</u>
Generic: (1st Tier)	\$10.00 or 20% whichever is greater	\$27.00
Preferred: (2nd Tier)	\$20.00 or 30% whichever is greater	\$48.00
Preferred: (3rd Tier)	\$30.00 or 35% whichever is greater	\$74.00
Non-Preferred: (4th Tier)	\$45.00 or 50% whichever is greater	\$95.00

1st Tier is defined as all generic drugs (subject to plan limitations)
 2nd Tier is defined as preferred Brand name drugs (i.e. heart medications, anticonvulsants, cancer medications)
 3rd Tier is defined as preferred Brand name drugs that are considered to increase the quality of life or a life style modification drug that is not necessary to sustain life. (i.e. allergy medications, pain medications)
 4th Tier is defined as non-preferred Brand name drugs

A 34-day supply is available at the retail pharmacy. A 60-day supply may be obtained through the mail order program. For more information please go to www.aultcare.com.

If benefits are payable under more than one provision in this policy, then benefits will be provided only under the provision providing the greatest benefit. This plan also covers all mandated benefits as required by the State in which the Policy is issued.

ELIGIBLE EXPENSES

A partial list of — MEDICALLY NECESSARY — eligible expenses your coverage will allow:

Inpatient Hospital Expenses

- ◆ Room and Board, semi-private
- ◆ Miscellaneous Hospital Expenses
- ◆ Therapy
- ◆ Surgery
- ◆ Assistant Surgeon
- ◆ Anesthetist
- ◆ Registered Nurse / Private Duty Nurse
- ◆ Pre-Admission Testing, paid under Hospital Miscellaneous
- ◆ Mental & Nervous Disorders / Drug / Alcohol Rehabilitation
- ◆ Mastectomies and Reconstructive Surgery as mandated by State and Federal Law

Outpatient Expenses

- ◆ Surgery
- ◆ One Day Surgery Miscellaneous
- ◆ Anesthetist
- ◆ Outpatient Miscellaneous Benefit
- ◆ Office Visit, Medical Necessity Only
- ◆ Medical Emergency
- ◆ Diagnostic Testing
- ◆ Radiation Therapy
- ◆ Laboratory
- ◆ Tests and Procedures
- ◆ Well Baby and Child Care visits including appropriate immunizations and hearing screenings mandated by State Law.
- ◆ Mammograms and Pap tests as mandated by State Law.
- ◆ Prescription Drugs, \$1,000 maximum per policy year.
- ◆ Mental and Nervous Disorders / Drug / Alcohol Rehabilitation, \$1,100 maximum per policy year subject to a minimum of \$550 per policy year for treatment of mental and nervous disorders and an additional \$550 per policy year for treatment of substance abuse.
- ◆ Therapy
- ◆ Back and Spinal Manipulation, when ordered by a licensed physician and medically necessary for a covered injury.

Other Expenses

- ◆ Ambulance
- ◆ Orthopedic Braces and Appliances
- ◆ Durable Medical Equipment
- ◆ Consultant
- ◆ Dental, for accidental injury only
- ◆ Maternity, pad as any other illness as mandated by State Law
- ◆ Complications of Pregnancy

Medical Evacuation and Repatriation

This policy does not provide for Medical Evacuation and Repatriation. However, all International Students are required to obtain these coverage’s through The Harbour Group at www.hginsurance.com.

International Students must show proof of this coverage to Robyn Brown at the International Department.

RE-ENROLLMENT AND REFUNDS

In the event a student withdraws from school during the first 31 days of the period for which coverage is purchased, there will be no coverage hereunder except for medical withdrawal due to a covered accident or sickness. Upon AultCare’s receipt of written notification of such withdrawal, a full refund of premium will be made. Should an insured withdraw from the school after the first 31 days and not enter military service, his/her insurance shall remain in effect until termination of the Policy term for which premium was paid. A student shall not be entitled to a refund of premium because of withdrawal from the school. A refund will be available if the covered person becomes an active member of the armed forces of any country except for Reserve or National Guard Duty unless it exceeds 31 days.

CONTINUOUSLY INSURED

Continuously insured means that a person has been continuously insured under the policy and prior Student Health Insurance Policies issued to the school. Persons who have remained continuously insured will be covered for conditions which were payable while continuously insured except for expenses payable under prior policies in the absence of the Policy. Previously - insured dependents and students must re-enroll for coverage within 30 days of the end of the prior coverage in order to avoid a break in coverage for conditions which existed in prior Policy years. Once a break in continuous insurance occurs, the definition of Injury or Sickness will apply in determining coverage of any condition which existed during such break.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this health program is “Creditable Coverage” under Federal Law. When coverage terminates, AultCare will mail a Certificate of Creditable Coverage which is evidence of coverage under this health program. A Certificate may be necessary if you become covered under a group health program or other health plan within 63 days after your coverage under this health program terminates. If the subsequent health program 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.

NON-DUPLICATION OF COVERAGE THE POLICY

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

IF YOU HAVE QUESTIONS ????????

Walsh University Student Health Services 330-490-7030
 Leonard Insurance Services,
 Local Servicing Agent 1-800-451-1904
 or 330-266-1904
 AultCare Service Center 1-800-344-8858
 or 330-363-6360