

IMPORTANT NUMBERS

▶ **PARTICIPATING PROVIDERS.....Page 5**

 **MultiPlan PPO Network**800-672-2140
Websitewww.multiplan.com

▶ **PARTICIPATING PHARMACY.....Page 6**

For pharmacy locations after you receive the ID Card: (Number is effective for enrolled members only.)

medco800-400-0136
Websitewww.medco.com

▶ **CLAIM ADMINISTRATOR.....Page 13**

For claim and benefit questions and online claim status:

Administrative Concepts, Inc.

Websitewww.visit-aci.com
Toll Free Telephone888-293-9229

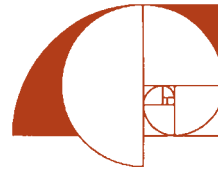
▶ **MARKETING & MANAGEMENT**

For information and replacement ID card:

 **Collegiate Insurance Resources**

Collegiate Insurance Resources1-800-322-9901
172 Bechtel Road, Collegeville, PA 19426
Websitewww.collegiateinsuranceresources.com
Fax610-489-9325

**STUDENT
ACCIDENT & SICKNESS
INSURANCE**



THE COOPER UNION

for the Advancement of Science and Art

2008 - 2009

POLICY NUMBER BSA-00015

Policy Underwritten By
BCS Insurance Company

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INTRODUCTION

This brochure briefly describes the policy which provides Accident and Sickness Expense Benefits for students attending The Cooper Union for the Advancement of Science and Art. The exact provisions governing the insurance are contained in the Master Policy issued to the school. The Master Policy shall control in the event of any conflict between this brochure and the Policy.

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. A copy of this notice will be included with your insurance identification card.

POLICY TERM

Annual coverage under the Accident and Sickness Insurance Medical Expense Benefit begins at 12:01 AM on August 15, 2008 and continues until 12:01 AM on August 15, 2009.

ELIGIBILITY

All matriculated students, while enrolled at The Cooper Union for the Advancement of Science and Art, are automatically provided the Accident and Sickness Medical Expense Benefit described in the Plan Summary, page 7, of this brochure.

▶ WAIVER

Those students who have comparable coverage under another policy may waive enrollment in the plan by completing a Student Insurance Waiver Form available at the Office of Student Services. Waiver forms must be returned to the Office of Student Services by September 8, 2008. Students who lose their other coverage during the school year should contact the Office of Student Services.

▶ SPRING SEMESTER

New incoming students for the Spring 2009 semester must waive or enroll by February 2, 2009. Coverage for new spring enrollees begins January 1, 2009, and continues until 12:01 AM on August 15, 2009.

DEPENDENTS

An Insured Student's lawful spouse, or unmarried dependent children under age 19 may also become Covered Persons. Unmarried children ages 19 to 25 may be covered under the Policy if such children are dependent on the Insured Student and either living with the Insured Student or such child is a full-time or part-time student. Dependents must be enrolled for the same coverage as the student. The last date to enroll dependents is September 29, 2008. To enroll dependents, call Collegiate Insurance Resources for an Enrollment Form, 1-800-322-9901.

You are under no obligation to enroll your dependents in this coverage. However, you must enroll for this coverage for your dependents and pay the required premium before their coverage will take effect. The last date to enroll your dependents is September 29, 2008 for fall semester and February 2, 2009 for spring semester.

► **Newborn Children**

All newborn children of any Covered Student are automatically covered at birth for 31 days for the same benefits as provided to Covered Persons. Coverage applies for any covered Injury or Sickness commencing during the 31 day period from the date of birth including abnormalities, prematurity and routine nursery care associated with illness. The Covered Student may continue coverage beyond 31 days upon enrollment within the 31 day period from the date of birth. A child adopted by a Covered Student will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

OTHER COVERAGE OPTIONS

Insured Students (and their Insured Dependents) who are eligible to re-enroll in the Student Accident and Sickness Insurance Plan after coverage expires may elect to purchase other coverage. This election must be made prior to the expiration of your coverage under the Plan. Contact Collegiate Insurance Resources for enrollment information.

Students in need of specialized coverage (International Travel or Long Term Major Medical) should contact Collegiate Insurance Resources for possible options.

WITHDRAWAL & PREMIUM REFUND

Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 40 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium may be made. Students withdrawing after such 40 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

Insured Persons entering the Armed Forces of any country will not be covered under the policy as of the date of such entry. A pro-rata refund of premium may be made for such person upon written request received by the Company within 90 days of withdrawal from school.

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the Armed Forces. No other refund will be allowed.

TERMINATION OF INSURANCE

Benefits are payable under the policy only for those expenses incurred while the policy is in effect as to the Insured person. No benefits are payable for expenses incurred after the date the insurance terminates for the Insured Person, except as may be provided under Extension of Benefits.

EXTENSION OF BENEFITS

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that hospital confinement are considered a Covered Expense under the Policy, but only if they are incurred during the 90-day period following such termination of insurance.

PRE-EXISTING CONDITIONS

Expenses incurred by a Covered Person as a result of a pre-existing condition will not be considered Covered Expense unless the Covered Person has been covered under the policy for more than 12 months.

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 the 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, BCS Insurance Company will credit only the days of such coverage after the break.

CREDITABLE COVERAGE

State regulations define this plan to be "Creditable Coverage." This means that the time you are covered under this plan may be eligible for crediting toward satisfaction of a pre-existing conditions limitation in an employer-sponsored plan under which you subsequently become covered. These regulations provide that when your coverage terminates, you are eligible to receive a certification regarding your coverage under this plan. If you want such a certification after your coverage terminates, please contact Collegiate Insurance Resources at that time.

DEFINITIONS

Accident means an occurrence which is unforeseen, is not due to or contributed to by sickness or disease of any kind, and causes injury.

Covered Student means a student of the Policyholder who is insured under the Policy.

Expense 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 the Policy is in force as to the Covered Person except with respect to any Expenses payable under the Extension of Benefits Provision.

Pre-Existing Condition means any Injury, illness 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 the actual charge; the charge usually made for a covered service by the provider who furnishes it; and the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Sickness means disease or illness including related conditions and recurrent symptoms of the sickness. Sickness also includes Pregnancy and Complications of Pregnancy.

MULTIPLAN NETWORK



Persons insured under this plan may choose to be treated within or outside of the MultiPlan Network. MultiPlan consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Plan Summary.

Referral to a network physician does not guarantee eligibility or right to student health benefits. Providers may be periodically added or deleted as participants in the MultiPlan Network. Not all physicians practicing at a hospital elect to participate in the MultiPlan Network. Insureds are responsible to verify that a provider is a participant prior to services being rendered.

In order to use the services of a participating provider, you must present the Identification Card which is mailed to all students insured under the plan.

You may contact MultiPlan for a list of participants:

Toll Free Phone.....800-672-2140
 Website.....www.multiplan.com

OUTPATIENT PRESCRIPTION DRUGS



After a co-payment of \$10.00 for a generic drug or \$25.00 for a brand name drug (per prescription), the cost of prescription drugs is payable in full, up to \$600.00 for the policy year.

Prescriptions must be filled at a Medco Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage.

Before you receive your insurance ID card, and if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID Card will include instructions on how to file for reimbursement for prescriptions filled before you received your card. Reimbursement will be at the Medco contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. Before you receive your insurance ID Card you may contact Collegiate Insurance Resources for a list of covered medications or exclusions.

After you receive your insurance ID card, no claim forms need be completed. After you receive the card you may contact Medco for assistance with pharmacy locations and a list of covered medications and exclusions. When contacting Medco have your ID card handy because you will need the group number and your fifteen digit member number that are printed on the card.

The toll-free phone number and some areas of the website are effective for enrolled members only.

medco800-400-0136
 Website.....www.medco.com

Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order are included with your insurance ID card.

PLAN SUMMARY

COVERAGE	Benefit In Multiplan Network	Benefit Out of Multiplan Network	Maximum Policy Benefit
<p>ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFIT</p> <p>When an insured Person uses the services of a MultiPlan provider, the covered expenses incurred will be payable at 90% of the PPO allowance, subject to a \$50 deductible per condition.</p> <p>When treatment is rendered by providers outside the MultiPlan Network, expenses will be payable at 60% of the Reasonable and Customary charges, subject to a \$100 deductible per condition.</p> <p>The maximum payable under this benefit is \$50,000 per condition.</p>	90%	60%	\$50,000
<p>Deductible - for using In Network Providers</p> <p><i>OR</i></p> <p>Deductible - For non-emergency conditions treated using Out of Network Providers</p>	\$50	\$100	

COVERED MEDICAL EXPENSES

Covered Medical Expenses consist of the following, subject to the benefit limits described in this brochure:

Alcoholism & Substance Abuse Expense

▶ Inpatient

If on account of alcoholism or alcohol abuse, substance abuse or substance dependency, a Covered Person requires treatment, then BCS Insurance Company will pay benefits for the Reasonable and Customary inpatient charges made by a Hospital or licensed residential facility for the Medically Necessary treatments to the following limits: no more than 7 days of detoxification treatment in any calendar year; and no more than 30 days of inpatient rehabilitation services in any calendar year.

▶ Outpatient

We will pay up to 60 outpatient visits per calendar year for the diagnosis and treatment of alcoholism or alcohol or substance abuse in a facility approved by the Division of Alcoholism and Alcohol Abuse or the Division of Substance Abuse Services. Up to 20 of these visits may be used for family counseling of covered dependents, up to five of which will be covered even if the person in need of treatment has not yet begun that treatment.

Ambulance Expense - for professional ground ambulance service to or from a hospital, when required due to the emergency nature of the injury or sickness.

Annual Physical - One annual physical examination per policy year, not to exceed \$100.

Breast Cancer Treatment Benefit - Benefits are payable for charges for a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy on the same basis as any other Sickness.

Consultant Expense - for the services of a consulting physician when such services are deemed necessary and ordered by the attending physician, for the purpose of confirming or determining a diagnosis, but not for treatment.

Diabetes Expense - If, by reason of Sickness, a Covered Person incurs Expenses for the following equipment and supplies for the treatment of diabetes, BCS will pay benefits on the same basis as any other Sickness. Such equipment and supplies must be recommended or prescribed by a Doctor. The covered Expense includes but is not limited to: lancets and automatic lancing devices; glucose test strips; blood glucose monitors; blood glucose monitors for the visually impaired; control solutions used in blood glucose monitors; diabetes data management systems for management of blood glucose; urine testing products for glucose; oral anti-diabetic agents used to reduce blood sugar levels; alcohol swabs; syringes; injection aids; cartridges for the visually impaired; disposal insulin cartridges and pen cartridges; insulin preparations; insulin pumps;

insulin infusion devices; oral agents for treating hypoglycemia; glucagon for injection to increase blood glucose concentration. Coverage is provided for Medically Necessary diabetes self-management education and education relating to diet.

Diagnostic X-ray and Laboratory Expense - for outpatient X-rays or laboratory tests when referred by the attending physician. This benefit is subject to a \$50 Deductible Per Condition, in addition to any other deductible.

Emergency Hospital Outpatient Expense - for emergency care in the outpatient department of a hospital when treatment is rendered within 72 hours from the date of accident or the commencement of the sickness.

Home Health Care Expense - When by reason of sickness or injury, a Covered Person incurs expenses for covered home health care services, BCS Insurance Company will pay the Reasonable and Customary charges, subject to the following conditions: the service must be: (a) Medically Necessary; (b) furnished by, or under arrangements made by, a licensed Home Health Agency; (c) covered under a home care plan, (d) this plan must be established pursuant to the written order of a doctor and the doctor must renew that plan every 60 days; (e) delivered in the patient's place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness.

Hospital Room & Board - up to the daily semi-private room rate.

Maternity Expense - Benefits for pregnancy are payable the same as any sickness.

Mental and Nervous Disorder Expense - If an Insured Person requires treatment for mental and nervous disorders during Hospital Confinement, We will pay the Reasonable and Customary Expense incurred for such confinement on the same basis as any other Sickness up to a maximum of 30 days per year. With respect to Outpatient treatment, benefits are limited to 20 visits per year. With respect to Biologically based conditions such as schizophrenia / psychotic disorder, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia and anorexia benefits, and autism spectrum disorders and children under age 18 with serious emotional disorders, benefits will be paid on the same basis as any other sickness and will not be subject to any day or visit limits.

Medical Foods Benefit - Benefits are payable for charges for the cost of enteral formulas for home use which are prescribed by a Doctor as Medically Necessary for the treatment of specific diseases for which enteral formulas have been found to be an effective form of treatment. Benefits provided for this provision will be paid on the same basis as any other Sickness.

Miscellaneous Hospital Expense - including X-ray examinations, laboratory tests, anesthetics, medicines, use of operating room, casts and temporary surgical appliances when the insured is confined as a bed patient in a hospital, or as an outpatient for day surgery.

Nurse Expense - for the services of a licensed practical or registered nurse required during a period of hospital confinement.

Physician Visit Expense - non-surgical care and treatment by a physician, both in and out of the hospital, limited to one visit per day.

Reconstructive Breast Surgery Benefit - Benefits are payable for charges for breast reconstructive surgery after a mastectomy. This provision includes coverage for all stages of reconstruction of the breast on which the mastectomy has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance. Benefits provided for this provision will be paid on the same basis as any other Sickness.

Surgical Expense - The reasonable and customary surgical fee based upon the MDR (Medical Data Research) survey of surgical fees.

Women's Well Care Benefits - The following benefits are paid the same as any other office visit or lab test under the Policy.

▶ **Mammograms**

Benefits are payable for charges for mammograms for women of any age, upon the recommendation of a Doctor whenever the Covered Person has a prior history of breast cancer or whose mother/sister has a prior history of breast cancer; a baseline mammogram for women between the ages of thirty-five and forty; and a mammogram on an annual basis for women forty years of age and older.

▶ **Cervical Cytologic Screening**

Coverage is provided for an annual cervical cytology screening for women aged 18 or older. This coverage includes an annual pelvic examination and Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear.

MEDICAL EVACUATION AND REPATRIATION

▶ **MEDICAL EVACUATION**

Upon the prior approval of the attending Doctor and the Plan Administrator, the Policy will pay necessary Expenses incurred up to a maximum of \$10,000 for evacuation of a Covered Person to a specialized medical facility or his/her home country.

▶ **REPATRIATION OF REMAINS**

In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of \$7,500 for preparing and transporting the Insured Person's remains to his or her home country. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

EXCLUSIONS

The Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from injury to sound, natural teeth or treatment for removal of one or more impacted wisdom teeth (or dental abscesses).
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder.
3. Expense incurred for eyeglasses, contact lenses, hearing aids, or prescriptions or examinations except as required for repair caused by a covered injury.
4. Expense incurred as a result of Injury due to participation in a riot.
5. Expense 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. Expense incurred for Injury or Sickness resulting from declared or undeclared war or any act thereof.
7. Expense incurred as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. Expense incurred as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, BCS Insurance Company will refund the unearned pro-rata premium.

9. Expense incurred for treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.
11. Expense incurred as a result of preventive medicines, serums, or vaccines except as specifically provided in the Policy.
12. Expense 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 and reconstructive surgery because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
13. Expense for Injuries sustained as the result of a motor vehicle accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
14. Expense incurred as a result of participation in a felony.
15. Expense incurred for voluntary or elective abortion.
16. Expense incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
17. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
18. Expense incurred for any services rendered by a member of the Covered Person's immediate family.
19. Expense incurred for a treatment, service or supply which is not Medically Necessary.
20. Expense incurred as a result of suicide or attempted suicide.
21. Expense incurred for Injury resulting from the play or practice of intercollegiate sports.
22. Expense incurred for non surgical treatment of temporomandibular joint dysfunction and associated myofascial pain is limited to \$500.
23. Expense incurred for treatment of mental or nervous disorders except as specifically provided in the Policy.

24. Expense incurred for the treatment of alcoholism or drug addiction except as specifically provided in the Policy.
25. Expense for outpatient prescriptions except as specifically provided in the Policy.
26. Expenses incurred for experimental and investigational treatment except as provided in the policy.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

1. Obtain a claim form by contacting the Claim Administrator, Administrative Concepts, Inc., **ACI**, www.visit-aci.com
2. Notify **ACI** within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
3. Complete the claim form in full and sign it.
4. The completed claim form should be mailed within 30 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to **ACI**.
5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to **ACI**. No additional claim forms are needed as long as the Insured Person's / Student's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to **ACI**.
7. Online claim status is available at **ACI**.

CLAIM ADMINISTRATOR

For claim and benefit questions and online claim status:

Administrative Concepts, Inc.

997 Old Eagle School Road, Suite 215

Wayne, PA 19087-1706

Websitewww.visit-aci.com

Toll Free Telephone888-293-9229