

**STUDENT
ACCIDENT & SICKNESS
INSURANCE**



**CABRINI
COLLEGE**

Radnor, Pennsylvania 19087-3698

“The Policyholder”

2010 - 2011

UNDERWRITTEN BY:

National Union Fire Insurance Company
of Pittsburgh, Pa., with it's principal place of business
in New York, NY (“the Company”)

Administrative Policy Number: CHH0071431
Underwriting Reference Number: CAS9499812

The Policy is non-renewable one-year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

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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.

INTRODUCTION

This is only a brief description of the coverage available under policy series S30494NUFIC-PA. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this brochure and the Policy, the Policy will govern in all cases.

POLICY TERM

The Master Policy becomes effective at 12:01 a.m. on August 15, 2010 and it terminates at 12:00 a.m. on August 15, 2011.

ELIGIBILITY

All full-time Cabrini College students taking 12 or more credit hours and all students living in the Residence Hall, while enrolled at the College, are required to have insurance comparable to, or enroll in, the Student Accident and Sickness Insurance Plan described in this brochure. Eligible students will be charged the insurance premium for the Student Accident and Sickness Insurance Plan unless coverage is waived. If waiving, proof of existing insurance must be submitted by the applicable waiver deadline date. An eligible student's coverage becomes effective 12:01 a.m. on August 15, 2010 for Fall Semester or January 1, 2011 for Spring Semester. Coverage terminates at 12:01 a.m. on August 15, 2011, or the last day for which any required premium has been paid, whichever is earlier.

► Waiver

Students who have comparable coverage under an individual or family policy may waive enrollment in the plan by completing the enclosed insurance waiver form. Current students who involuntarily lose another creditable coverage during the school year should contact Maksin Management Corp at 1-877-440-6840 within 30 days of loss of coverage. Students who waive enrollment for the Fall Semester and continue to maintain other coverage, will also be waived for the Spring Semester.

► Waiver Deadline Dates

Waiver Forms must be completed each Policy Year. Waiver forms must be returned to the Cabrini Health Service by:

Fall Semester.....July 15, 2010

Spring Semester (new students to the College).....January 28, 2011

New students arriving on campus during the 2011 Summer Semester may enroll in the Student Accident and Sickness Insurance Plan on a voluntary basis. The enrollment deadline for the Summer Semester is June 1, 2011. An eligible student's coverage becomes effective 12:01 a.m. on May 17, 2011 or the day after the postmark date of the premium payment, whichever is later.

Coverage for the Summer Semester terminates at 12:01 a.m. on August 15, 2011. To enroll, contact Maksin Management Corp at 1-877-440-6840.

Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If it is discovered that the Policy eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid.

PREMIUMS

Premiums are processed by semester.

	Annual	Spring*	Summer*
	<u>8/15/10-</u>	<u>1/1/11-</u>	<u>5/17/11-</u>
	<u>8/15/11</u>	<u>8/15/11</u>	<u>8/15/11</u>
Student Only:	\$2,112	\$1,056	\$521

*New students to the College only.

WITHDRAWAL AND PREMIUM REFUND

Except for medical withdrawal due to an Injury or Sickness, any student withdrawing from the school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will be made available. Premiums received by the Company are fully earned upon receipt.

Coverage for a Covered Student entering the Armed Forces of any country will terminate as of date of such entry. The Covered Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request within 90 days.

TERMINATION OF INSURANCE

Benefits are payable under the Policy for those Eligible Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

EXTENSION OF BENEFITS

If, on the date coverage terminates, a Covered Person is Totally Disabled as a result of Sickness or Injury and is receiving treatment for such Sickness or Injury, benefits will be payable for the Eligible Expenses incurred for that Sickness or Injury after the date coverage terminates until the earliest of the following: (1) the end of the

Sickness or Injury that caused the Total Disability; (2) the end of the 31 day period following the date coverage terminated; or (3) the date the applicable Maximum Amount is reached.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

HEALTH SERVICE REFERRAL REQUIREMENT

When at college, in the absence of a condition requiring emergency care, and during Cabrini Health Services normal business hours, the student's first visit must be to the Cabrini Health Service during the academic year in order to avoid a \$200 deductible. If the student is receiving continuous treatment from one year to the next, he or she must obtain a referral every Policy Year.

Non-Emergency Sickness or Injury treated without referral from the Cabrini Health Service during regular business hours is subject to a \$200 deductible per condition, whether treatment is rendered within or outside of the Devon Health Services Network. This is in addition to the annual \$100 deductible.

The Health Service is closed over Fall, Winter, Spring, and Summer breaks. No referral is needed when Cabrini Health Service is closed.

The Cabrini Health Service is open

Monday through Friday.....9:00 a.m. to 4:30 p.m.

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.

Covered Person means a covered student while coverage under the Policy is in effect.

Doctor means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

Elective Treatment means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date. Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

Eligible Expense means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (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; (c) is the negotiated rate, if any; and (d) 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.

Emergency Medical Condition means a Sickness or Injury with acute symptoms of severity or severe pain for which: (a) care is sought within 72 hours of the Accident causing the Injury or within 12 hours of the onset of Sickness; and (b) the absence of immediate medical attention could result in: (1) placing health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of any body part; (4) in the case of a Covered Person who is pregnant, serious jeopardy to the health of the fetus; or (5) other serious medical consequences.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

Experimental/Investigational means a drug, device or medical care or treatment that meets the following: (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law; (c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval; (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially

the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

Hospital means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Injury means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

Medical Necessity/Medically Necessary means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is Experimental/Investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Reasonable and Customary means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Geographic Area means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

Sickness means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

Totally Disabled and Total Disability means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) from attending classes at the location where he or she is enrolled; and (b) if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

OUTPATIENT PRESCRIPTION DRUGS

Express Scripts Pharmacy Network

Website: www.express-scripts.com

Toll-free telephone number: 1-800-451-6245

After a co-payment of \$10 for generic or \$20 for a brand name drug (per prescription or refill) the cost of prescription drugs is payable in full, up to a maximum of \$1,000 per Policy Year. Each prescription and each refill is limited to a 30-day supply per month.

This prescription benefit is based upon prescriptions being filled by an Express Scripts participating pharmacy only. There is no non-participating pharmacy benefit. A list of participating pharmacies is available for review at www.express-scripts.com

Mail Order (for medication taken to treat ongoing health conditions): Each prescription and each refill is limited to a 90-day supply. With mail order home delivery, prescriptions are directly delivered to the Covered Person's home with free standard shipping. Once the Covered Person begins using home delivery, he or she can order refills online or by phone. For more information go to www.express-scripts.com or call 1-800-451-6245.



See Important Numbers on page 16.

Persons insured under the Policy may choose to be treated within or outside of the Devon Health Services Network (DHS).

DHS consists of hospitals, Doctors, 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 on page 9.

In order to use the services of a DHS participating provider, the Covered Person must present an insurance ID card which is mailed to all students insured under the Student Accident and Sickness Insurance Plan.

The Covered Person can call DHS at 1-888-225-8932, a toll-free referral service, Monday through Friday, 8:30 a.m. - 5:00 p.m., or access DHS online at: www.devonhealth.com for a list of participants.

Assignment of network Doctors does not guarantee eligibility or right to Injury and Sickness benefits under the Policy. Providers may be periodically added or deleted as participants in the DHS Network. Not all Doctors practicing at a hospital elect to participate in the DHS Network. Covered Persons are responsible to verify that a provider is a participant prior to services being rendered.

PLAN SUMMARY

COVERAGE	Benefit In Devon Network	Benefit Out of Devon Network	Maximum Policy Benefit
ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT.....	80%	60%	\$50,000*
Annual Deductible - per Covered Person - if referred by the Cabrini Health Service.....	\$100	\$100	
AND			
An additional Per Sickness or Injury Deductible for non-emergency medical conditions treated without referral from the Cabrini Health Service during regular business hours.....	\$200	\$200	

When Medically Necessary hospital or medical care is required for an Injury or Sickness, payment will be made up to \$50,000 for Eligible Expenses incurred while insured, subject to an annual deductible of \$100 if referred by the Cabrini Health Service.

- Unless otherwise stated, when a Covered Person uses the services of a Devon Health Services provider, the Eligible Expenses incurred will be payable at 80% of the preferred allowance.
- Unless otherwise stated, when treatment is rendered by providers outside the Devon Health Services Network, the Eligible Expenses incurred will be payable at 60% of Reasonable and Customary.

*Benefits for treatment of Injuries arising from participation in, practice for, or orthopedic equipment and appliances used for intercollegiate sports is limited to: \$1,000.

Please read the HEALTH SERVICE REFERRAL REQUIREMENT, page 4.

DESCRIPTION OF BENEFITS

Eligible Expenses for Injury or Sickness consist of the following subject to the benefit limits described in this brochure.

Ambulance Expense Benefit - When the Covered Person requires local ambulance transportation for treatment at a hospital.

Anesthetists Expense Benefit - If, when the Covered Person has a surgical operation, he or she is anesthetized and charges are not made by the hospital for the services of an anesthetist or anesthesiologist, the Company will pay the anesthetist's fee.

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 Benefit - When the attending Doctor recommends a consulting Doctor solely for the purposes of diagnosis.

Dental Expense - For dental care or treatment of sound natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy, and rendered within 12 months of the Accident.

Diabetes Expense - If a Covered Person incurs Eligible Expenses for the following equipment and supplies for the treatment of diabetes, the Company will pay benefits on the same basis as any other Sickness. Such equipment and supplies must be recommended or prescribed by a Doctor.

Eligible Expenses include but are 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 Benefit - For outpatient x-rays or laboratory tests when referred by the attending Doctor. This benefit does not apply to emergency treatment.

CAT Scan/MRI

Doctor's Visit Expense Benefit - When the Covered Person receives non-surgical medical treatment from a Doctor, both in and out of the hospital.

Durable Medical Equipment and Orthopedic Braces and Appliances - Benefits are payable only upon Doctor's written prescription. Replacements and dental appliances are not covered. The Company has the right to pay the lesser of the purchase price or rental.

Emergency Hospital Outpatient Expense Benefit - For care of an Emergency Medical Condition 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, subject to a \$100 deductible per visit. No outpatient benefits will be available for non-emergency care under this benefit.

Home Health Care Expense - When by reason of Sickness or Injury, a Covered Person incurs Eligible Expenses for covered home health care services, the 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 monthly; (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.

Benefits will be provided for no more than 60 home health care visits in any period of 12 consecutive months. The amount payable will not exceed the Hospital Room and Board Benefit rate for the first three visits or one-half the Hospital Room and Board Benefit rate for subsequent visits. Payment of this benefit is subject to all other terms and conditions of the Policy.

Hospital Room and Board Benefit - When confined as an inpatient in a hospital, the Company will pay the average semi-private room rate or intensive care unit rate, if applicable, per day for room and board.

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

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.

Mental And Nervous Disorders Expense Benefits

■ **Inpatient**

Payment will be made at 80% of Eligible Expenses incurred while hospital confined, up to \$600 per day, not to exceed 30 days per Policy Year; up to a maximum of 90 days per lifetime when a Covered Person requires treatment for a mental and nervous disorder;

■ **Outpatient**

Payment will be made for 75% of Eligible Expenses incurred, for outpatient treatment, up to \$100 per visit, not to exceed 30 visits per Policy Year, up to a maximum of 120 visits per lifetime when a Covered Person requires treatment for a mental and nervous disorder while not hospital confined, limited to one visit per day.

Miscellaneous Hospital Expense Benefit - When the Covered Person is confined as a hospital inpatient or day surgery on an outpatient basis. Such Eligible Expenses include expenses incurred for anesthesia and operating room; laboratory tests and x-rays (including professional fees; oxygen tent; drugs, medicines (excluding take-home drugs), dressings; and other Medically Necessary and prescribed hospital expenses. Miscellaneous expenses do not include expenses for telephones, radio or television, extra beds or cots, meals for guests, take home items or other convenience items.

Newborn Child Expense - A newborn child of a Covered Person shall be insured for Injury or Sickness, including the necessary care and treatment of premature birth and medically diagnosed congenital defects, birth abnormalities and nursery care furnished any infant from the moment of birth for an initial period of thirty-one days.

Nurse Expense Benefit - When the Covered Person is hospital confined and requires the full-time employment of a registered nurse (private duty). If the Covered Person is confined in an intensive care unit, the benefit for nurse attendance will be applied to the cost of intensive care for up to 5 days. When this occurs, no payment will be made for nurse attendance.

Radiation Therapy and Chemotherapy

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.

Substance Abuse Benefit - The Company will pay Eligible Expenses for the first course of treatment the same as any other Sickness. A course of treatment is the full range of detoxification, non-hospital residential treatment and outpatient services. Eligible Expenses for subsequent courses of treatment are payable at 50%.

■ **Inpatient**

Payments are subject to a lifetime limit of four admissions for detoxification for up to 7 days of treatment or equivalent amount per admission;

■ **Outpatient**

Outpatient care: up to 30 separate sessions of outpatient or partial hospitalization services per Policy Year, which may be exchanged on a two-to-one basis to secure up to 15 additional non-hospital, residential treatment days and a lifetime maximum of 120 visits;

■ **Non-Hospital Residential Care**

The Company will pay for up to 30 days per Policy Year, limited to a lifetime maximum of 90 days.

Surgical Expense Benefit (Inpatient and Outpatient) - When the Covered Person has a surgical operation, the Company will pay the surgeon's fee. Charges for an assistant surgeon are included in the amount payable for surgery.

Women's Well Care Benefits

■ **Women's Preventive Health Services Benefit**

Benefits will be paid for the actual expense incurred for annual gynecological exams including a pelvic exam, a clinical breast exam and a routine pap smear in accordance with the recommendation of the American College of Obstetricians and Gynecologists. No deductible or dollar limit shall apply.

■ **Mammography Benefit**

The Company will pay the actual expense incurred by a Covered Person for periodic mammography examinations on the following schedule: one baseline mammogram for women age 35, but less than 40; an annual screening mammogram for women age 40 and older.

LIMITATION

The first \$100 of benefits under the Policy will be paid without regard to other insurance. Benefits in excess of \$100 will be paid only after any other insurance to which the Covered Person is entitled has paid. No benefits are payable for any expense incurred for Accident or Sickness which is paid or payable by other valid and collectible insurance or under an automobile insurance policy. This plan will cover unpaid balances, deductibles and pay those Eligible Expenses not covered by other insurance. Benefits will be adjusted so that the total amount paid or payable under all insurance coverage does not exceed 100% of the expenses which are incurred.

CLAIM PROCEDURE

In the event of an Accident or a Sickness:

1. Report to the Health Service at the College, if available, so that proper treatment can be prescribed or approved. If the Health Service is not available, consult a Doctor and follow his/her instructions.
2. The Doctors and hospitals may submit itemized bills directly to Maksin Management Corp electronically or mail them to the address below.
3. Notify Maksin Management Corp within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
4. Complete a claim form and mail it to Maksin Management Corp within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Maksin Management Corp, PO Box 2647, Camden, NJ 08101-2647.
5. Claim forms are available online at: www.maksin.com/cabrini.aspx or by calling 877-440-6840.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Maksin Management Corp. Online claim status is available at www.maksin.com/cabrini.aspx or by calling 877-440-6840.
7. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to Maksin Management Corp. No additional claim forms are needed as long as the Covered Person's name and identification number are included on the bill.

At The Maksin Group, 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 more information, please go to our website at www.maksin.com.

EXCLUSIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, or dental x-rays except for treatment resulting from Injury to sound natural teeth;
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee;
3. for eye examinations, eyeglasses, contact lenses, or prescription for such or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process;
4. for 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 apart from the disease process;
5. 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. for Injury or Sickness resulting from war or act of war, declared or undeclared;
7. as a result of an Injury or Sickness for which the Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law;
8. 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, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days;
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
10. for cosmetic surgery except as required to correct an Injury for which benefits are otherwise payable under the Policy or as specifically provided for in the Policy. "Cosmetic surgery" shall not include reconstructive surgery to correct or repair abnormal structures of the body caused by trauma, infection, tumors or disease. It also shall not include breast reconstructive surgery after a mastectomy;
11. 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;
12. for preventive treatment, testing, medicines, serums, vaccines, vitamins or oral contraceptive except as specifically provided in the Policy;
13. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion;
14. for Elective Treatment or elective surgery;
15. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision;
16. for any services rendered by a Covered Person's immediate family member;
17. for a treatment, service or supply which is not Medically Necessary;
18. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
19. for treatment of temporomandibular joint disorder;
20. for surgery and/or treatment of acne;
21. for routine medical care, physical examinations, health examinations or preschool physical examinations, except as specifically provided for in the Policy;
22. in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices;
23. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception;
24. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle) or bungee jumping;
25. for elective abortions;
26. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from professional and semi-professional sports; hang gliding; parasailing; sky diving; glider flying; sail planing; or parachuting;
27. for Injury resulting from fighting, except in self-defense;
28. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational;
29. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

IMPORTANT NUMBERS

**ELIGIBILITY, BENEFIT QUESTIONS
AND CLAIM STATUS, CONTACT:**

Maksin Management Corp

PO Box 2647

Camden, NJ 08101-2647

Phone.....1-877-440-6840

Website.....www.maksin.com

■ **PLAN REPRESENTATIVE**



172 Bechtel Road

Collegeville, PA 19426

Phone1-800-322-9901

Website.....www.cirstudenthealth.com/cabrini

■ **CABRINI HEALTH SERVICE.....610-902-8400**

■ **EXPRESS SCRIPTS.....Page 7**

Phone.....800-451-6245

Website.....www.express-scripts.com

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