

Student Accident and Sickness Insurance Program

Designed for the
Students of

INDIANA TECH

1600 East Washington Boulevard
Fort Wayne, IN 46803

2011-2012
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio

Policy Number: 302-112-1309

Effective August 1, 2011 through July 31, 2012

IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

INDIANA TECH FORT WAYNE, INDIANA

To Students and Parents:

Each Indiana Tech student is required to carry Accident and Sickness coverage while enrolled at the university. Some students may have health coverage through a parental plan or other outside plan. However, for those without this option, Indiana Tech offers a group program available to all students. This brochure will acquaint you with the benefit provisions of the group plan. The benefits apply to all participating students with coverage in effect 24 hours a day, on campus and off (world-wide) from the start of the Fall term, August 1, 2011 and continuing through July 31, 2012. This program is also available to a student's spouse and/or dependent children.

If you choose to rely on a parental or outside plan, please verify that your network will extend to this area. Otherwise students may be without local coverage.

Please complete the attached form and return it to the Business Office. You must submit a form whether enrolling or waiving coverage. Please contact the Business Office at (260) 422-5561 extension 2354, if you have any questions.

Judy K. Roy, CPA
Vice President of Finance & Administration

ELIGIBILITY / EFFECTIVE / ENDING DATES OF COVERAGE

All full-time students attending Indiana Institute of Technology are required to participate in this program unless proof of comparable coverage is shown by September 2, 2011 (January 27, 2012 for second semester). Coverage becomes effective on August 1, 2011 or the date enrollment and premiums are received by us. Coverage ends at the earliest of July 31, 2012; the end of the term of coverage for which premium is paid; or the date the insured enters full time military service. We will refund the unearned pro-rated premium to such person upon request.

Only those students who did not register for classes during the first semester are eligible for coverage during the second semester. Coverage becomes effective on January 18, 2012 and extends through July 31, 2012.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the

Policy eligibility requirements have not been met, the Company's only obligation is a refund of premium.

Eligibility requirements must be met each time a premium is paid to continue coverage.

COVERAGE FOR SPOUSE AND DEPENDENTS

The program outlined in this brochure is available to the dependent spouse of an insured student and one (1) or more dependent children of an insured student. Eligible dependents include spouse (residing with student) and unmarried children under age 19, who are not self-supporting and reside with the insured student.

Spouse and dependent child enrollment is only allowed during the open enrollment period, which is August 1, 2011 to September 2, 2011 (January 11, 2012 to January 27, 2012 for second semester). Exceptions will be made for the following:

1. Adding a new spouse or dependent child within 31 days of marriage, birth or adoption;
2. Enrolling as a new or transfer student within 31 days of enrollment at the school; or
3. Ineligibility under another plan of creditable coverage and accepted and exhausted COBRA continuation of coverage, if offered.

INSURANCE COST

Annual Premium

Student	\$533
Additional for Spouse	\$1,030
Additional for Children	\$614

Second Semester Premium

Student	\$417
Additional for Spouse	\$720
Additional for Children	\$354

COMPLETE ENCLOSED ENROLLMENT FORM

The enclosed Enrollment form must be turned in to the Business Office no later than September 2, 2011 (for second semester, January 27, 2012). No forms will be accepted after that date.

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT: This plan provides \$1,000 for Accidental Death and up to \$1,000 for Accidental Dismemberment for loss occurring within 180 days of the date of a covered accident according to the policy schedule on file at the university. This benefit is payable in addition to any medical expense payments under this plan. "Loss" means with regard to hands and feet, actual severance through or above the wrist or ankle joint; with reference to the eye, the irrecoverable loss of the entire sight thereof. If more than one (1) loss results from any one (1) accident, only one (1) amount, the largest will be paid.

ACCIDENT AND SICKNESS BENEFITS

ACCIDENT: Up to \$3,000 will be paid for expenses incurred during the Policy Year. Expenses include x-rays, laboratory costs, hospital bills, registered graduate nurses', physicians' and surgeons' fees, medicines, ambulance expense, surgical appliances, medical costs incurred as a result of any one (1) accident, except that in the event of injury to sound, natural teeth, the limit of payment is \$250.

Under the Accident policy, expenses for medications are included in the \$3,000 max per Accident. You are required to pay in full at the time of service for all prescriptions dispensed as a result of an Accident. Refer to claim procedure for filing claims.

Intercollegiate sports activities are covered up to a maximum of \$2,500. Any benefits in excess of the \$2,500 will be covered under a separate policy. However, this policy must be purchased for that coverage to be in effect.

SICKNESS: When a covered person incurs medical expense during the Policy Year, the Company will pay the medical expenses actually incurred for such Sickness according to the following schedule of benefits:

HOSPITAL ROOM and BOARD: \$200 per day not to exceed a maximum of 30 days.

MISCELLANEOUS HOSPITAL EXPENSES: Up to \$1,000 for medical expenses including, but not limited to, x-ray examination (not treatment), laboratory tests, anesthesia, use of operating room, medications or temporary surgical appliances, when rendered by a hospital to a covered person confined as a bed patient therein.

MISCELLANEOUS HOSPITAL OUT-PATIENT EXPENSES: When the covered person is not hospital-confined and requires hospital-rendered outpatient services, the Company will pay for such services up to a maximum of \$300 per Sickness after a \$25 deductible.

SURGICAL TREATMENT: In accordance with Fair Health, Inc. up to a maximum of \$1,000.

AMBULANCE: Up to \$250 for a community or hospital ambulance for any one (1) sickness.

ANESTHETIST: Up to 25% of the applicable surgical allowance to a maximum of \$150.

HOSPITAL CONFINED PHYSICIANS' FEES: Up to \$20 per visit beginning with the first visit on non-surgical cases when the student is confined as a hospital bed patient. Maximum: \$300 Limit: 1 visit per day.

ASSISTANT SURGEON BENEFIT: Up to 25% of the applicable surgical allowance to a maximum of \$250.

CONSULTANT FEE: When referred by the attending physician up to a maximum of \$50.

INDIANA MANDATES COVERAGE FOR THE FOLLOWING BENEFITS: Treatment of a pervasive developmental disorder; diabetes supplies equipment, and self-management training; and routine nursery care expenses. All Indiana mandates are paid the same as any other sickness. Please see the Policy on file with the Policyholder for complete details.

PHYSICIAN OFFICE VISITS: \$350 annual maximum benefit.

WELLNESS EXPENSE BENEFIT: Expenses incurred for preventative care services provided by a Doctor up to a maximum of \$150.

PRESCRIPTION BENEFIT: Under the Sickness policy, prescription drugs are covered to a maximum of \$250 per policy year after a \$10 co-payment per prescription or refill of a generic drug and a \$15 co-payment per prescription or refill of a brand name drug.

Eligible prescriptions must be filled at an Express Scripts participating pharmacy. Covered persons will be given an ID card to show the pharmacy as proof of coverage. No claim forms need to be completed, for prescriptions covered under the Sickness policy, once you receive this ID card. Until the card is received, eligible prescriptions may be filled, and claims will be paid on a reimbursement basis. Submit a completed Express Scripts claim form to the address provided on the form. Express Scripts claim forms and a list of participating pharmacies can be

obtained by calling Express Scripts at (800) 332-5455 or by visiting their website at www.express-scripts.com.

MATERNITY CARE

Coverage includes up to 48 hours hospital confinement following vaginal delivery and 96 hours following a caesarean delivery for the mother and newborn child paid the same as any other sickness. If the attending doctor agrees to a shorter length of postpartum hospital stay, an at-home post-delivery care visit shall be conducted not later than 48 hours following the discharge of the mother and her newborn child from a Hospital. At the mother's discretion, the visit may occur at the facility of the provider.

NEWBORN CHILDREN

A newborn child is covered for a Sickness or Injury from the moment of birth for 31 days. Coverage may be extended if written notice to the company is made during this 31 day period with the appropriate premium, if any.

EXCLUSIONS

The Policy won't pay benefits for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat a Sickness or Injury; are determined to be experimental / investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member;
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country;
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion;
4. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
5. 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 commercial schedule airline;

6. Cosmetic treatment or surgery, except reconstructive surgery made necessary by Injury;
7. Expenses incurred as a result of dental treatment, except as specifically stated;
8. Expenses for preventative medicines, serums or vaccines, except as specifically stated or where required for the treatment of Injury;
9. Replacing eyeglasses or prescriptions therefore;
10. Treatment in any Veteran's Administration or Federal Hospital, except if there is a legal obligation to pay;
11. Elective abortions;
12. Injury arising out of the practice or play in any intercollegiate sports activity, including travel to and from the activity and practice in excess of \$2,500;
13. Services rendered by the Policyholder's infirmary, infirmary employees or salaried physicians, including team physician or trainer. Services rendered while the student is in residence at school, unless such are prescribed by the infirmary;
14. Prostate specific antigen testing;
15. Routine mammogram screening expense;
16. Colorectal cancer examinations and laboratory tests for any non-symptomatic covered person; and
17. Weight loss treatment; surgical treatment of morbid obesity,
18. Expense incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
19. Treatment, surgery, drugs, devices and/or supplies for: acne; allergy testing; biofeedback-type services; deviated nasal septum, including submucous resection and/or other surgical correction thereof, except for purulent sinusitis; learning disabilities;
20. Sleep disorders, including testing thereof;
21. Temporomandibular Joint Dysfunction (TMJ), except for surgical procedures for conditions directly affecting the upper or lower jawbone or associated bone joints;
22. Treatment of alcoholism, or any form of substance abuse, except as specifically provided;
23. Treatment of Mental or Nervous Disorders, except as specifically provided;
24. Contraceptive methods, devices or aids, except prescription contraceptives; elective sterilization or its reversal; family planning; fertility tests; impotence, organic or otherwise; Infertility (male or female), including

any services or supplies rendered for the purpose or with the intent of inducing conception;

25. Sexual reassignment surgery;
26. Organ, tissue and cell transplants.

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. We will credit the time the individual was covered under prior creditable coverage; and (b) whose most recent prior creditable coverage was under an employer group health plan; and (c) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

Pre-existing Conditions means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

The exact provisions governing the insurance are contained in the Policy issued to the School. The Policy shall control in the event of any conflict between the Policy and this brochure. Any provision of the Policy or the brochure that is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statute.

CLAIM PROCEDURE

Notification of Injury or Sickness must be provided to the claims administrator within 20 days after the Accident or commencement of sickness or as soon as reasonably possible. Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment to the Claims Administrator.

All Claim forms can be accessed by logging onto www.chpstudent.com and should be submitted to the Claims Administrator shown below:

CLAIMS ADMINISTRATOR CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540
Toll Free (800) 633-7867
www.chpstudent.com

If you have questions regarding claim procedures or benefits, please call Consolidated Health Plans.

Servicing Broker:

Wells Fargo Insurance Services of Indiana,
1721 Magnavox Way
Fort Wayne, IN 46804

For a copy of the Company's privacy notice, go to:
www.chpstudent.com

The Plan is underwritten by:
Nationwide Life Insurance Company
Policy Number: 302-112-1309

Please keep this Certificate as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Certificate. The Master Policy is the contract and will govern and control the payment of benefits.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at (800) 633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: (800) 527-0218 or if you are in a foreign country, call collect at: (410) 453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or Hospital without delay and then contact the 24-hour Assistance Center.

INDIANA TECH
2011-2012
ENROLLMENT FORM FOR STUDENT

- I elect to participate in the Indiana Tech accident and sickness plan
- I waive coverage and am attaching proof of personal insurance (front and back of insurance card)

Student ID #: _____

Print Student's Name: _____

Dated: _____

Signature of Parent or Student:

This insurance form is to be turned into the business office by September 2, 2011 (for the second semester, January 27, 2012).

