

THE HOTCHKISS SCHOOL

# Plan Highlights

## Eligibility

- **Who is Eligible:** Any student, who was born in the United States, and whose primary residence is in the United States, and who is affiliated with a private secondary school is eligible to purchase and participate in the plan.
- **To Be Eligible, the Student Must Be:** Enrolled in credit courses, a school sponsored camp or program of the participating institution or have been or will be enrolled in the school offered plan within 45 days.
- The Company maintains its right to investigate student status to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is a refund of premium.

**Where can I get more Information about the benefits available?** The plan brochure and Policy provides more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please refer to the Policy for exact limitations and/or benefits.



**Policy Effective Dates:**

08/15/2024 through  
08/14/2025

**Academic Dates:**

08/15/2024 through  
06/14/2025

**Policy # US1393575**



**Scan this QR code to  
access the Brochure.**

**Plan is Underwritten by:** United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. This is a brief summary of coverage and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the Policy on file with the school for complete details. Any terms of the policy, which conflict with the applicable statutes of the state of Connecticut, will be administered to conform to the minimum requirements of such statutes. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

THIS IS A LIMITED BENEFIT POLICY.

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE SHOWN IN THE SCHEDULE OF BENEFITS.

**HIGHLIGHTS OF THE COVERAGE**

*This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions, or limitations*

**Benefit Coverage**

Medical Expense Maximum Benefit	Unlimited
Plan Deductible	\$0
Coinsurance <i>All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure</i>	100% of Usual, Reasonable, and Customary (URC) charges, except as noted
Hospital Room & Board Benefit	100% of semi-private daily room rate
Hospital Miscellaneous Expense Benefit	100% of URC
Physician Visit	100% of URC
Physiotherapy (Outpatient) <i>60 visit maximum</i>	100% of URC
Mental or Nervous Conditions Expense	100% of URC
Wellness Benefit <i>Wellness includes, but not limited to, annual physicals, GYN exams, screenings and immunizations (see the policy on file with the school for complete details)</i>	100% of URC
Outpatient Prescription Drug Expense Benefit	\$0 copay per prescription limited to a 30-day supply
Emergency Medical Evacuation/Return of Mortal Remains	100% of Actual Expense
The following benefits are also included: <i>This list is not all-inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions, or limitations</i>	<ul style="list-style-type: none"> <li>▶ Interscholastic Sports Benefit</li> <li>▶ Urgent Care</li> <li>▶ Emergency Room</li> <li>▶ Diabetes Treatment</li> <li>▶ Inpatient/Outpatient Surgery</li> <li>▶ Emergency Dental – Injury to Natural Teeth only</li> <li>▶ Laboratory and X-Ray</li> <li>▶ Durable Medical Equipment</li> </ul>
Accidental Death and Dismemberment	Principal Sum: \$10,000; Time Period for Loss: 365 Days

**State-Mandated Benefits include: Alcohol & Drug Abuse Expense Benefit, Hypodermic Needles/Injections, Maternity & Pre-Natal Care, Early Intervention Services, Autism Spectrum Disorder, Long Term Antibiotic Therapy for the Treatment of Lyme Disease, Craniofacial & TMJ Disorders, Cancer Drugs, Surgical Removal of Tumors; Treatment of Leukemia, Prosthetic Devices, Mammography & Breast Ultrasound, Prosthetic Devices, Neuropsychological Testing, Epidermolysis Bullosa Treatment, Bone Marrow Testing, Amino Acid Modified Preparation and Low Protein Modified Food Products, Chiropractic Care, Pain Management, Hearing Aids, Experimental Treatment or Drug, Mobile Field Hospital, Accidental Ingestion or Consumption of a Controlled Drug, Durable Medical Equipment, Mental or Nervous conditions, Diabetes Treatment, Dental Services, Ambulance Benefit, Emergency Room Benefit, Outpatient Drug Expense Benefit - Prescription Insulin and Medically Necessary Covered Noninsulin Drug, and Telehealth Services. All mandated benefits applying to this product, whether appearing here or not, will be provided per the laws of the state of Connecticut.**

## EXCLUSIONS

The Policy does not cover any loss resulting from any of the following, unless otherwise covered under the Policy by Additional Benefits:

1. War or any act of war, declared or undeclared;
2. Charges which are in excess of Usual, Reasonable and Customary charges, if applicable;
3. Charges that are not Medically Necessary;
4. Charges provided at no cost to the Covered Person;
5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes, unless specifically covered by Policy;
6. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (unless specifically covered by the Policy), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a) While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;  
or
  - b) While being used for any test or experimental purpose; or
  - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d) While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
  - e) A space-craft or any craft designed for navigation above or beyond the earth's atmosphere.  
Except as a fare paying passenger on a regularly scheduled commercial airline.
8. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column, unless specifically covered by Policy;
9. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
10. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
11. Eyeglasses, contact lenses, or examinations for prescriptions;
12. Rest cures or Custodial Care;
13. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident;
14. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
15. Voluntary, active Participation in a Riot or insurrection; "Participation" means promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but does not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including, but not limited to, police officers and firefighters. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or consequence of such disorder;
16. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.

## DEFINITIONS

The following definitions apply to the Plan. This is only a summary, for a complete listing of definitions, please see the Policy on file with the school.

**Accident** means an unforeseeable and unexpected event which causes Injury to one or more Covered Persons independent of disease or bodily infirmity or any other cause.

**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, or a Covered Person's Immediate Family.

**Sickness** means illness or disease which requires treatment by a Physician while covered by the Policy. The Sickness would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Usual, Reasonable and Customary** means: charges, fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

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Contact TSS Assist at  
US 1 (800) 730-2417

E-mail for emergencies  
to [assist@tssassist.com](mailto:assist@tssassist.com)

### **Non-Insurance Assistance Services**

Non-insurance Assistance services are provided by TSS Assist and not affiliated with Crum & Forster SPC. An outline of the assistance services appears below.

#### **Medical Emergency Services**

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc.
- Medical transportation arrangements – Emergency Evacuation / Return of Mortal Remains
- Emergency message service for medical situations

#### **Legal Assistance**

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

#### **Travel Assistance**

- Help with lost passports, tickets, and documents

## **? Frequently Asked Questions**

### **Where can I use this insurance coverage?**

If you are traveling outside the U.S., you may be required to pay out of pocket, and you can file a claim form with receipts to TSS for reimbursement.

### **When does my claim have to be submitted?**

File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

### **Questions? Need Help?**

**If you have questions or concerns,  
please contact the plan administrator:**

**Clifford Allen Associates  
PO Box 23615  
Hilton Head Island, SC 29925**

**(888) 342-2224  
(843) 342-3150**

**[info@shipsignup.com](mailto:info@shipsignup.com)**