2011-2012
STUDENT
INJURY & SICKNESS
BENEFIT PLAN

UNIVERSITY OF THE
CUMBERLANDS
“the Plan Sponsor”
Williamsburg, Kentucky

Visit us on the web:
http://www.ucumberlands.edu/insurance

Claims Administration by:
Klais & Company, Inc.
1867 West Market Street
Akron, Ohio 44313

Visit www.klais.com or
Call 1-800-331-1096
UNIVERSITY OF THE CUMBERLANDS
STUDENT INJURY & SICKNESS
BENEFIT PLAN

This brochure is only a brief description of the coverage available under this Student Injury & Sickness Benefit Plan. The Plan may contain definitions, reductions, limitations, exclusions and termination provisions, some of which may not be included in this brochure. Full details of the coverage are contained in the Plan Document on file at the University. If any discrepancy exists between the contents of this brochure and the Plan Document, the Plan Document will govern in all cases.

ELIGIBILITY

All registered on-campus graduate and undergraduate students taking 12 or more credit hours, all international students, all students participating in intercollegiate athletics, and all athletic team graduate assistants are automatically enrolled in the Student Injury & Sickness Benefit Plan. The cost of coverage will automatically be placed on the student’s tuition bill. All other students taking credit hours are eligible to purchase this Student Injury & Sickness Benefit Plan coverage on a voluntary basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Except in the case of withdrawal due to Sickness or Injury, any student withdrawing from school during the first 31 days of the period for which he or she is enrolled will not be covered under the Student Injury & Sickness Benefit Plan and a full refund of the cost of coverage will be made. Home study, correspondence, Internet and Television (TV) courses do not fulfill the Eligibility requirements that the student actively attends classes. The Student Injury & Sickness Benefit Plan maintains the right to investigate student status and attendance records to verify that the Plan eligibility requirements have been and continue to...
be met. If the Student Injury & Sickness Benefit Plan discovers that the Plan eligibility requirements have not been or are not being met, its only obligation is to refund the cost of coverage, less any claims paid. A Covered Student must meet the eligibility requirements each time he or she pays the cost of coverage to continue coverage under the Student Injury & Sickness Benefit Plan. Students may also purchase dependent coverage. Eligible dependents are the spouse (residing with the covered student) and unmarried dependent child(ren) under nineteen years of age, who are not self-supporting or unmarried dependent child(ren) under 25 years of age who are enrolled full-time at an accredited educational institution or “Newborn” child(ren) who are covered for treatment of an Injury or Sickness (excluding routine hospital, and Physician charges) from birth until 31 days old. Coverage for newborns will continue provided Student Injury & Sickness Benefit Plan is notified in writing within 31 days from the date of birth and by payment of the additional cost of coverage.

NOTE: Except as noted under Termination or as specifically provided under the Extension of Benefits, Dependent coverage expires concurrently with that of the Covered Student.

**NEWBORN CHILDREN**

A Covered Person’s newborn child will be automatically covered for the first 31 days after birth. Coverage for such a child will be the same as for any other Dependent, including medically diagnosed congenital defects and birth abnormalities. A Covered Person will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Covered Person must, within the 31 days after the date of birth: (1) Enroll such newborn child; and (2) Pay the required additional cost of Dependent coverage. If the Covered Person does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child’s birth.

Dependent coverage enrollment forms are available at: http://www.ucumberlands.edu/insurance

The cost of coverage for newborn Dependent coverage, along with the enrollment form, must be paid by separate credit card payment made online or by mailing a check for the cost of coverage to:

University of the Cumberlands
Business Services Office
Attention: Steve Morris,
Vice President of Business Services
6180 College Station Drive
Williamsburg, KY 40769

**WAIVER PROCESS/PROCEDURE**

Students who are currently insured by a health insurance policy, may waive coverage under University of the Cumberlands Student Injury & Sickness Benefit Plan with proof of comparable coverage. The waiver form must be completed and returned to the University of the Cumberlands by the last day of the waiver deadline(s). The waiver deadline for Fall coverage is September 1, 2011; the waiver deadline for Spring coverage is January 31, 2012. If the waiver deadline(s) is ignored, the student will be responsible for the cost of coverage(s).

**OPEN ENROLLMENT PERIOD**

Students eligible to purchase the coverage under this Plan on a voluntary basis may do so within the open enrollment period. The open enrollment period for Fall coverage ends September 1, 2011. The open enrollment period for Spring coverage ends January 31, 2012. Enrollment forms are available at the University’s Business Services Office.
No waiver or enrollment form will be accepted after the waiver deadline. Or, for students enrolling on a voluntary basis, there is no enrollment permitted after the open enrollment period. The only exceptions are the following qualifying events: (1) within 31 days of the date of ineligibility under another Creditable Plan; or (2) within 31 days of marriage, birth or adoption. Proof of the qualifying event must be submitted with the request for enrollment.

**COST OF COVERAGE RATES**

<table>
<thead>
<tr>
<th></th>
<th>FALL</th>
<th>SPRING</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>08/08/11-</td>
<td>01/08/12-</td>
</tr>
<tr>
<td>Student Only</td>
<td>$530.00</td>
<td>$730.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,590.00</td>
<td>$2,190.00</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,325.00</td>
<td>$1,825.00</td>
</tr>
</tbody>
</table>

Dependent coverage enrollment forms are available at: [http://www.ucumberlands.edu/insurance](http://www.ucumberlands.edu/insurance)

The cost of coverage for Dependent coverage, along with the enrollment form, must be paid in advance by separate credit card payment made online or by mailing a check for the cost of coverage for the entire term to:

University of the Cumberlands
Business Services Office
Attention: Steve Morris,
Vice President of Business Services
6180 College Station Drive
Williamsburg, KY 40769

**PLAN EFFECTIVE AND TERMINATION DATES**

The University of the Cumberlands Student Injury & Sickness Benefit Plan becomes effective at 12:01 a.m. on August 8, 2011 and terminates at 12:01 a.m. on August 8, 2012. Coverage must be purchased each semester of attendance. Coverage for enrolled Students and their eligible Dependents will be effective on the Plan Effective Date; Effective Date of the coverage period elected; or the day after the date the enrollment form and correct cost of coverage are received, whichever is latest. Coverage under the University of the Cumberlands Student Injury & Sickness Benefit Plan will end for the Covered Person on the earliest of: a) the date the Plan terminates; b) the last day for which cost of coverage has been paid; or c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Plan as of the date of such entry. A pro-rata refund of cost of coverage will be made to such persons upon written request received by the Plan. Refunds of cost of coverages are allowed only upon entry into the armed forces or if Eligibility requirements are not met. No other refunds of cost of coverages will be allowed.

**NON-DUPLICATION OF BENEFITS**

This Plan provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Valid and Collectible Insurance. If the Covered Person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance in excess of $100 will be determined before benefits will be paid by this Plan. This Plan is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision. If the Covered Person is insured under group or blanket insurance which is also excess to other coverage, this Plan pays...
a maximum of 50% of the benefits otherwise payable. Benefits paid by this Plan will not exceed: (1) any applicable Plan maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

**PRE-EXISTING CONDITION LIMITATION**
No benefits will be payable for the Covered Person’s Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Covered Person was medically diagnosed, treated (including medication), or advised by a Physician within the six months immediately prior to his or her Effective Date of Coverage under this Plan.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless:

1. twelve consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
2. the Covered Person has been covered under this Plan and the University’s prior Plans for six months; or
3. the Covered Person has been receiving benefits under the University’s prior policies and has been continuously covered since the date of accident, Injury, or Sickness, whichever occurs first.

**CERTIFICATE OF CREDITABLE COVERAGE**
Coverage under this Plan is “Creditable Coverage” under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Coverage that is evidence of coverage under the Plan. The Covered Person may need such a certificate if he she becomes covered under a group health plan or other health plan within 63 days after the coverage under this Plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact:

**Klais & Company, Inc.**
1867 West Market Street
Akron, Ohio 44313
1-800-331-1096

**PLAN FEATURES AND REQUIREMENTS**
The cost containment features listed below are included in the Plan to keep your health care costs more affordable. Please take the time to read the following Plan features and requirements so you will be familiar with your benefits.

The medical benefits stated in this Plan are based upon medical treatment being received from a Preferred Provider Organization (PPO). If a Covered Person seeks treatment from a non-participating provider, benefits will be reduced to the percentage shown in the Schedule of Benefits. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which the Covered Person is referred is also a PPO provider. It is the Covered Person’s responsibility to verify that the provider is part of the PPO.

* **Preferred Provider Organization (PPO)**
  First Health Network
  1-800-226-5116
  www.myfirsthealth.com
A list of nationwide First Health Network preferred providers is available for your review via online at www.firsthealth.com.

* Complementary Preferred Provider Organization (PPO)
  Multiplan
  1-800-672-2140
  www.multiplan.com

As a complementary PPO network, a list of nationwide Multiplan preferred providers is available for your review via online at www.multiplan.com.

* Pharmacy Network Caremark, Inc.
  www.caremark.com

The prescription benefits stated in this Plan are based upon prescriptions being filled by a participating pharmacy only. There is no nonparticipating pharmacy benefit. A list of nationwide pharmacies is available for your review via online at www.caremark.com. The Prescription Drug Benefit Management services are provided by Caremark pharmacies.

**DEFINITIONS**

**COINSURANCE** means the out-of-pocket expenses to be paid by the Covered person as a percentage of the Covered Medical Expenses.

**DEPENDENT** means the covered student’s spouse unless they are legally separated; the covered student’s unmarried children under age 19; or 25 if a full-time student; and children whose support is required by a court decree. Children include natural children, stepchildren, and legally adopted children. Newborn children are covered immediately from birth. They must be primarily dependent on the covered student for support and maintenance and must live in a parent-child relationship with the covered Student.

A spouse who is covered under the Plan as a Covered Person will not be eligible as a Dependent. If a husband and wife are both covered as students, a child will be the Dependent of only one.

**ELECTIVE SURGERY/TREATMENT** means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under this Plan. Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; biofeedback type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Plan, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under this Plan; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; autism; attention deficit disorder; behavioral disorders; nonmalignant warts, moles and lesions; obesity and any condition resulting there from (including hernia or any kind),
### SCHEDULE OF BENEFITS • Maximum Plan Benefit: $25,000 per injury or Sickness – The plan provides benefits for the Eligible Expenses incurred by a Covered Person for loss due to a covered Injury or Sickness up to Maximum Benefit of $25,000. Benefits will be paid as allocated for each service as scheduled below. Preferred Provider Organization (PPO): First Health Network. Complementary Preferred Provider Organization (PPO): Multiplan. The University of the Cumberlands has three student health center (SHC) offices, all considered to be SHC preferred providers. See the back panel of this brochure for contact information.

<table>
<thead>
<tr>
<th>Service</th>
<th>Preferred Provider</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL ROOM AND BOARD</strong>, average daily semi-private room rate; and general nursing care provided by the Hospital.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>HOSPITAL MISCELLANEOUS EXPENSES</strong>, such as the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services, and supplies.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>INTENSIVE CARE</strong></td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>ROUTINE WELL BABY CARE</strong>, while Hospital confined; and routine nursery care provided immediately after birth; up to 4 days Hospital confinement expense maximum.</td>
<td>Paid as Sickness</td>
<td>Paid as Sickness</td>
</tr>
<tr>
<td><strong>PHYSIOTHERAPY</strong>, limited to one visit per day; $1,000 maximum per Plan Year per Injury or Sickness.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>SURGEON’S FEES</strong>, in accordance with data provided by MDR. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>ASSISTANT SURGEON/ANESTHETIST</strong>, professional services administered in connection with surgery.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>PATIENT ROOM AND BOARD</strong>, inpatient per day</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>DIARY SURGERY MISCELLANEOUS</strong>, related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. U&amp;C Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>ASSISTANT SURGEON/ANESTHETIST</strong>, professional services administered in connection with surgery.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>DOCTOR’S VISITS</strong>, limited to one visit per day and does not apply when related to surgery.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>PHYSIOTHERAPY</strong>, limited to one visit per day; $50 maximum per visit; $1,000 maximum per Plan Year per Injury or Sickness.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>MEDICAL EMERGENCY</strong>, use of emergency room and supplies; treatment must be rendered within 72 hours from time on Injury or first onset of Sickness (waived if admitted).</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>URGENT CARE</strong>, use of Urgent Care facility and supplies</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC X-RAY &amp; LABORATORY SERVICES</strong></td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>TESTS &amp; PROCEDURES</strong>, diagnostic services and medical procedures performed by a Doctor, other than Doctor’s visits, Physiotherapy, x-rays and laboratory procedures.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>RADIATION THERAPY/COMMOTHERAPY</strong></td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>ALLERGY TREATMENT &amp; TESTING</strong></td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>INJECTIONS</strong>, when administered in the Doctor’s office and charged on the Doctor’s statement.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>OUTPATIENT PRESCRIPTION DRUGS</strong>, must utilize a Caremark pharmacy; limited to a 30 day supply per prescription or refill; $500 aggregate maximum per Plan Year for all Conditions. However obtained, all outpatient prescription drugs are subject to the Outpatient Prescription Drug maximum.</td>
<td>$15 copay for generic</td>
<td>No benefits</td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPY</strong>, including all related or ancillary Expenses incurred as a result of a Mental and Nervous Disorder; limited to one visit per day; $1,000 lifetime maximum.</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>100% of U&amp;C Charges</td>
<td>100% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>AMBULANCE SERVICES</strong></td>
<td>100% of U&amp;C Charges</td>
<td>100% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>DURABLE MEDICAL EQUIPMENT</strong>, a written prescription must accompany the claim when submitted; replacement equipment is not covered.</td>
<td>100% of U&amp;C Charges</td>
<td>100% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>CONSULTANT DOCTOR’S FEE</strong>, when requested and approved by attending Doctor</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>DENTAL TREATMENT</strong> injury to sound, natural teeth only; $500 max. per Plan Year per Injury</td>
<td>100% of U&amp;C Charges</td>
<td>100% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>ALCOHOLISM/DRUG ABUSE</strong></td>
<td>Paid Under Psychotherapy</td>
<td>Paid Under Psychotherapy</td>
</tr>
<tr>
<td><strong>MATERNITY/COMPLICATIONS OF PREGNANCY</strong></td>
<td>Paid as Sickness</td>
<td>Paid as Sickness</td>
</tr>
<tr>
<td><strong>PAP SMEAR</strong> One annual for women 18 and older</td>
<td>100% of PPO Allowance</td>
<td>75% of U&amp;C Charges</td>
</tr>
<tr>
<td><strong>INTRAMURAL/CLUB/INTERCOLLEGIATE SPORTS</strong></td>
<td>Paid as any other Injury</td>
<td>Paid as any other Injury</td>
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</tbody>
</table>
except for the treatment of an underlying covered Sickness; premarital examinations; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

**INJURY** means bodily injury caused by an accident. The accident must occur while the Covered Person’s coverage is in force under this Plan. A Covered Person must begin receiving services, supplies or treatment within 72 hours from the time of accident in order for it to be considered a covered Injury. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single covered Injury. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of the Covered Person’s health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a medical emergency will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

**MEDICALLY NECESSARY** means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person’s demonstrable symptoms. The Physician’s treatment plan may be reviewed by an impartial third party whose determination will be binding on the Plan and the Covered Person.

**MENTAL or NERVOUS DISORDERS** means any disorder specified in the diagnostic and statistical manual of mental disorders, forth edition (DSM-IV, 1995) of the American Psychiatric Association. This will not include conditions not attributable to a mental disorder that are a focus of attention or treatment (DSM-IV, V Codes).

**OTHER VALID and COLLECTIBLE MEDICAL INSURANCE** includes but is not limited to group insurance; automobile medical payments and no-fault insurance; individual major medical policies; coverage provided by a Hospital or medical service organization; union welfare plans; or employer or employee benefits organization; or employer’s liability coverage.

**PHYSICIAN** means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given. He may not be the Covered Person or a member of his Immediate Family.

**SICKNESS** means an illness, or disease, or trauma related disorder due to Injury which causes a loss while this Plan is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. It also includes Pregnancy and Complications of Pregnancy.
USUAL AND CUSTOMARY CHARGE means the charge which in the Plan’s experience is most often incurred for any given procedure. In no event shall the Plan’s payment for surgical procedures exceed the Usual and Customary Charges which in the Plan’s experience are normally made by the majority of Physicians in that area.

REPATRIATION OF REMAINS BENEFIT $25,000 Maximum Amount
If a Covered Person suffers loss of life due to Injury or Emergency Sickness while outside his or her home country, the Plan will pay, subject to the Plan limitations, for Eligible Expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Covered Person. Eligible Expenses include, but are not limited to: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible. The Plan must authorize all expenses in advance for this benefit to be payable. The Plan reserves the right to determine the benefit payable, including any reductions.

EMERGENCY EVACUATION BENEFIT $25,000 Maximum Amount
The Plan will pay, subject to the Plan limitations, for Eligible Emergency Evacuation Expenses reasonably incurred if the Covered Person suffers and Injury or Emergency Sickness that warrants his or her Emergency Evacuation while outside his or her home country, but not exceeding the Maximum Amount per Covered Person for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes. The Plan must authorize all expenses in advance for any Emergency Evacuation benefits to be payable. The Plan reserves the right to determine the benefits payable, including reductions.

STATE MANDATED BENEFITS
The plan will pay for the following mandated benefits and any other applicable mandate in accordance with Kentucky insurance laws: Mammography Benefits, Mastectomy, Colorectal Cancer Detection, Edometriosis and Osteoporosis, Mental Health and Illness, Bone Marrow Transplants, and Maternity, Post-delivery Care and Routine Nursery Care. Please see the complete Plan Document on file with the University for full details.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
For accidental death within 180 days of the date of the accident, or dismemberment within 180 days from the date of covered Injury, the Plan will pay, in addition to the medical benefits provided herein, one of the following:

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<tr>
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<th>Student</th>
<th>Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>$10,000</td>
<td>$5,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Accidental Loss of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more Members</td>
<td>$10,000</td>
<td>$5,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>One Member</td>
<td>$ 5,000</td>
<td>$2,500</td>
<td>$ 500</td>
</tr>
</tbody>
</table>

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to Hand or Hands or Foot or Feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

EXCLUSIONS
1. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
2. Services that are provided normally without charge by the college’s health
center, infirmary or Hospital; or by any person employed by the University;
3. Declared or undeclared war, civil disorder, civil commotion or acts of terrorism;
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (in Missouri, while sane);
5. Accident sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and for the purpose prescribed by the Covered Person’s Physician;
6. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to covered students while taking flight instructions for college credit;
7. Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
8. Injury resulting from the playing, practice, participating, or conditioning in any interscholastic, professional, or semi professional sport. Injury sustained while traveling to or from such sport, contest or competition as a participant;
9. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of this Plan;
10. Pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations including well baby nursery and related Physician charges (unless specifically included as Covered Medical Expenses);
11. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
12. Dental care by a physician or in a hospital except for multiple extractions or removal of unerupted teeth when a concurrent, hazardous medical condition exists;
13. Expenses incurred for manipulation and massage;
14. Injury or Sickness for which benefits are payable under any Worker’s Compensation or Occupational Disease Law;
15. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance;
16. Elective Surgery or Elective Treatment;
17. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
18. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When a Covered Person enters the armed forces, we will refund any unearned pro-rata cost of coverage with respect to such person;
19. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
20. Homemaking, companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
21. Organ transplants;
22. Travel in snowmobiles, or on any two, three or four-wheeled off road type motorized or engine-driven vehicles.
23. Skilled Nursing Facility, Home Health Care, Hospice Care, Outpatient Occupational Therapy and Speech Therapy, elective abortions, orthotics and prosthetics.
CREDIT FOR PRIOR COVERAGE
The Plan provides portability of coverage as it relates to “pre-existing conditions”. The preexisting condition limitation set forth in the Plan will be reduced to the extent a Covered Person was covered under qualifying previous coverage if: 1) the person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.
Any pre-existing limitation is reduced by the aggregate of the periods of creditable coverage, if any, applicable to the Covered Person as of the enrollment date, for similar services covered under the Plan and the prior coverage.

RIGHT OF SUBROGATION
We will be fully and completely subrogated to the rights of a Covered Person against parties who may be liable to provide indemnity or make a contribution with respect to any matter that is the subject of a claim under the Plan. The Covered Person further agrees to cooperate fully with the Plan in seeking such indemnity or contribution including, where appropriate, when we are instituting proceedings at its own expense against such parties in the name of the Covered Person. The Covered Person further agrees that the Plan will have a lien to the extent of benefits provided. Such lien may be filed with the person whose act caused the Injury, the person’s agent or a court having jurisdiction in the matter.

EXTENSION OF BENEFITS AFTER TERMINATION
The coverage provided under this Plan ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the completion of his Hospital Confinement but not to exceed 90 days from the expiration date of coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum Plan benefit whichever occurs first. If the Covered Person is also a Covered Person under the succeeding Plan Year, this “Extension of Benefits” provision will not apply. After the “Extension of Benefits’ provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made. The total payments made in respect of the Covered Person for each condition both before and after the termination date will never exceed the maximum benefit.

CLAIM FILING PROCEDURES
Claims forms can be accepted directly from providers if the claim form includes the name of the Covered Person, name of school under which the Covered Student is Covered Person, identification number, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished within 90 days after the date of such loss.

Submit Claims to:
Klais & Company, Inc.
1867 West Market Street
Akron, Ohio 44313
(EDI # 34145)

For Claims Inquiries:
Klais & Company, Inc.
Medical Providers Call: (800) 331-1096
Email: KlaisClaims@Klais.com
ON-LINE SERVICES
To access the Plan brochure, enrollment cards, I.D. card, secure claim information and other services, please visit the following website:  http://www.ucumberlands.edu/insurance

NON-RENEWABLE
ONE YEAR COVERAGE
This Plan is non-renewable one year coverage. 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 Plan Year.

PLAN SPONSOR, PLAN
ADMINISTRATOR, AGENT FOR
SERVICE OF LEGAL PROCESS:

University of the Cumberlands
Attn: Steve Morris, Vice President of Business Services
6180 College Station Drive
Williamsburg, KY 40769
(606) 539-4209

The Plan Administrator has the discretionary authority to interpret the Plan, including those provisions relating to eligibility and benefit determination.  The Plan Administrator’s interpretations and determinations are final and binding.

The Plan is a self-funded plan and is administered directly by the Plan Administrator with claims being paid on behalf of the Plan by the Claims Administrator, Klais & Company, Inc., 1867 W. Market Street, Akron, Ohio, 44313, in accordance with the provisions of the Plan Document. The University of the Cumberlands is solely responsible for funding and payment of Benefits under the Plan.  Klais & Company, Inc. is the designated claims paying agent only and does not insure or underwrite the University of Cumberland's liability under the Plan.
PREFERRED PROVIDER NETWORK:

www.myfirsthealth.com or 1-800-226-5116

COMPLEMENTARY PREFERRED PROVIDER NETWORK:

www.multiplan.com or 1-800-672-2140

Student Health Center Offices:
The University of The Cumberlands Student Health Center Offices are listed below. The doctors and nurses specified are considered preferred student health center (SHC) providers.

Eddie S. Perkins, D.O. FACOOG
University of the Cumberlands’ Student Health Clinic
101 Browning Street, Williamsburg, KY 40769
Phone: (606) 539-4575

David B. Williams, M.D. and Shelia Lambdin, APRN
Dr. David Williams’ Family Practice
403 Sycamore St., Williamsburg, KY, 40769
Phone: (606) 549-8244

Robert Penn, M.D., Matthew Rafalski, M.D., Tammy Berera, APRN, Katelyn Dunkel, APRN, and Janey Phipps, APRN
Care Plus Clinic, a Division of Jellico Hospital
998 US Highway 25W., Williamsburg KY, 40769
Phone: (606) 549-1183

CLAIMS ADMINISTRATOR:

KLAIS & COMPANY, INC.
BENEFIT CONSULTANTS AND ADMINISTRATORS

1867 West Market Street
Akron, Ohio 44313

Visit www.klaism.com or
Call 1-800-331-1096

Please keep this brochure as a general summary of the Plan benefits. The Plan Document on file at the University contains all of the provisions, limitations, exclusions and qualifications of your Plan benefits, some of which may not be included in the Brochure. If any discrepancy exists between the Brochure and the Plan Document, the Plan Document will govern and control the payment of benefits.