

AGREEMENT N° 091-2016-MINEDU/VMGI-PRONABEC

AGREEMENT FOR INTERNATIONAL INTERINSTITUTIONAL COLLABORATION  
BETWEEN  
NATIONAL PROGRAM OF SCHOLARSHIPS AND EDUCATIONAL CREDIT OF THE  
MINISTRY OF EDUCATION OF PERU AND HELLER SCHOOL FOR SOCIAL POLICY  
AND MANAGEMENT, BRANDEIS UNIVERSITY, UNITED STATES

This document is the Agreement of International Interinstitutional Collaboration for the implementation of Graduate Scholarships between **NATIONAL PROGRAM OF SCHOLARSHIPS AND EDUCATIONAL CREDIT OF THE MINISTRY OF EDUCATION OF PERU**, with RUC N° 20546798152, with address in Avenida Arequipa N° 1935 – Lince – Lima 14 – PERU, hereafter PRONABEC, represented by its Executive Director Dr. Raúl Choque Larrauri, identified with D.N.I. N° 23266921, appointed by Ministerial Resolution N° 161-2015-MINEDU; and **THE HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT, BRANDEIS UNIVERSITY**, hereafter THE ENTITY, with legal address in Waltham, Massachusetts, represented by Interim Provost Dr. Irving Epstein, who is appropriately authorized to celebrate this agreement according to the Certificate of Signatory Authorization, dated March 23, 2016, under the terms and conditions expressed as follows:

**FIRST: THE PARTIES**

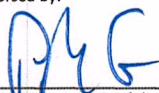
**1.1 PRONABEC**, is the Executive Unit N° 117 of The Ministry of Education of Peru, with technical, administrative, economic, financial and budget autonomy, in charge of designing, planning, managing, monitoring and evaluating of scholarships and educational credits for higher education with the objective of contributing to equal opportunity in the access of low income students and professionals with academic excellence to study graduate programmes, as well as guaranteeing their possibilities to carry out and finish their studies and obtain the respective degrees or titles.

**1.2 PRONABEC subsidizes**

**1.2.1 Graduate studies** for professionals with high academic performance and insufficient economic resources in Eligible International Higher Educational Institutions and Universities, which must be ranked among the first four hundred (400) at least once in the five years prior to the respective scholarship competitions in the following rankings: QS World University Rankings, Academic Ranking of World Universities (ARWU), Times Higher Education World University Rankings, and focused on studies related to Peruvian scientific and technological development.

**1.2.2 Tuition fees**, study materials, English language course, if necessary, maximum 10 weeks; insurance with health, accident life and repatriation coverage,

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Assistant Secretary of the Corporation

  
Interim Provost



research work, certification (administrative costs for obtaining the relevant degree or equivalent), monthly allowance for food, lodging and local transportation and others, as determined by PRONABEC in accordance with the rules of each competition, as per budget availability; international transport (only at the beginning and end of the academic program). PRONABEC will not coverage repetition of unapproved courses.

- 1.3 THE ENTITY is the Heller School for Social Policy and Management, Brandeis University, ranked as follows:

YEAR	UNIVERSITY RANKINGS		POSITION
2013	QS World University Ranking		324 (2013) 316 (2014)
2013	Academic Ranking of World Universities (ARWU)		260 (2013) 300 (2014)
2013	Times Higher Education World University Rankings (TH)* *North America		164 (2013-2014) 147 (2014-2015)
2014	Source: US News and World Report	Brandeis University Ranked #35 in the US	Heller School for Social Policy and Management Ranked in Top Ten Social Policy Schools in the US

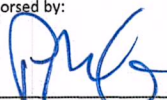
**SECOND: BACKGROUND**

The Agreement of International Interinstitutional Cooperation, between PRONABEC and THE ENTITY, exercises the intention of the parties to strengthen their efforts to increase the offer of graduate scholarships with the objective of boosting human capital with adequate training, educational attainment and research promoting competitiveness and scientific and technology development for Peru.

**THIRD: LEGAL FRAMEWORK**

- 3.1. Law 29837 creates the National Program of Scholarship and Educative Credit, modified by Sixth Final Disposal, law of the Public Sector Budget for fiscal year 2015, Law 30281.
- 3.2. Supreme Decree N° 013-2012-ED that approves the Regulations of the Law 29837, modified by Supreme Decree N° 008-2013-ED and 001-2015-MINEDU.
- 3.3. Ministerial Resolution N° 0108-2012-MINEDU approves the Operations Manual of PRONABEC, modified by Ministerial Resolution N° 535-2015-MINEDU.
- 3.4. Ministerial Resolution N° 161-2015-MINEDU, designation of Pronabec's Executive Director.

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**FOURTH: GENERAL OBJECTIVE**

The general objective of this agreement is to stimulate the efforts of The Ministry of Education of Peru in building advanced human capital through the awarding of scholarships for graduate studies programs in order to promote the scientific, academic, economic, social and cultural development of the country.

**FIFTH: SPECIFIC OBJECTIVE**

To promote the access of Peruvian students and professionals with excellent academic performance and insufficient economic resources to the graduate programs offered by THE ENTITY through the financing, by PRONABEC, of up to 50 students every year in Master and Doctoral programs related to Science and Technology.

The length of the Graduate Scholarships is determined by the program of choice according to the parameters of THE ENTITY in relation to the Master and Doctoral programs specified in Annex 1 of this agreement, up to 2 (two) years for Masters and up to 4 (four) years for Doctorates.

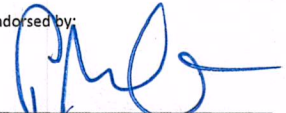
**SIXTH: COMMITMENTS OF THE PARTIES**

**6.1. COMMITMENTS OF THE ENTITY**

THE ENTITY assumes the following commitments:

- 6.1.1. No application fees will be charged to Scholarship awardees for Masters and Doctoral studies. THE ENTITY grants a 50% tuition scholarship to all Peruvian scholarship students who attend under this agreement. This same discount will apply to each year of the student's selected program. The discount applies only to the tuition costs which are stated in Annex 2 of this agreement, and are valid for mid-July 2015 to mid-July-2016. Annually, at the beginning of every fiscal year, THE ENTITY will inform PRONABEC of these costs, for the purpose of completing the Annual Cost Addendum, attaching the legal disposition that establishes the costs and the decision of the internal government body of THE ENTITY that fixes all fees related to the study programs.
- 6.1.2. In accordance with the criteria and procedures of each program, and at their discretion, grant an acceptance or admission letter to every Peruvian professional that meets all the Heller School admission requirements and standards of each program, including academic and language requirements. The letter must state a definitive, non-conditional offer and will include the following information:
  - I. Beginning and expected end date of the postgraduate studies program;
  - II. Total academic and administrative costs (may include health insurance fee).
  - III. Merit-based order (rank among applicants) if available
  - IV. Necessary English level duly accomplished. If applicant does not meet the required English level for admission, that should be expressly stated as a score less than TOEFL 100 or IELTS 6.5.



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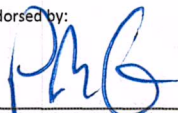
**V. Inclusion of the student's health insurance policy according to Annex 2**

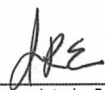
- 6.1.3.** Facilitate the documentation needed to obtain the Student Visa for the entire length of the graduate program chosen by the student. THE ENTITY expressly states its knowledge of the requirement that scholarship holders must go back to their country to revert to their hometowns their acquired knowledge in order to accomplish the Peru Service Commitment. In that sense, THE ENTITY will not make any kind of offer to scholarship holders to work or to conduct research in the United States after have finished their postgraduate studies.
- 6.1.4.** Provide tutoring and academic mentoring as well as counseling support as required to the Scholarship awardees during their graduate studies period.
- 6.1.5.** Send to PRONABEC, at the end of each academic period, attached to the original invoice for registration of the next academic period, a complete report on the academic progress and disciplinary status of each scholarship holder based on:
- (a) Academic Report of the academic period concluded.
  - (b) Academic Report on the subsequent enrollment period (list of enrolled courses).

Indicate if there are any pending study subjects and/or if there are failed subjects that must be retaken with the individual scholarship holder repeating enrollment but paying the cost. THE ENTITY will not bill to PRONABEC, in the following academic period, for the subject(s) that scholarship holder needs to repeat until successfully completing them. To facilitate this, the scholarship holder will sign the authorization to release information indicated in Annex 3 of this agreement.

- 6.1.6.** Provide to each scholarship holder up to ten weeks of English immersion classes at the Language Center or equivalent of THE ENTITY, prior to the commencement of their graduate studies, if necessary; to improve their communication skills. This support can be provided only to those scholarship holders who have already attained the English language proficiency level required as an admission requirement of THE ENTITY. If this fact is not stated in the admission letter, the applicant must prove to PRONABEC, in order to obtain his / her scholarship, to have a score not less than TOEFL 100 or IELTS 6.5.
- 6.1.7.** Provide to PRONABEC the assistance to install in the institutional electronic portal of PRONABEC a direct link to the website of THE ENTITY in order to facilitate access to the information concerning the official Master and Doctorate programs offered by THE ENTITY as stated in Annex 1 of this agreement.
- 6.1.8.** Provide room and dining information and advice to scholarship holders.
- 6.1.9.** Encourage and give the facilities for the scholarship holders to start their research and coursework from the beginning of their studies in order to complete it by the end of their academic program.

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- 6.1.10. Facilitate a well-equipped research space to the standard required for higher degree research students for each scholarship holder of PRONABEC in order to guarantee the normal development of their research activities.
- 6.1.11. Not enroll in the next academic term any fellow who does not meet the program's academic requirements (causing loss of the scholarship) and immediately inform Pronabec to take action for repatriation of the fellow.
- 6.1.12. Report to PRONABEC about any fellow applying to change his or her academic program and/or suspend his or her studies<sup>1</sup>.

**6.2. COMMITMENTS OF PRONABEC**

PRONABEC, commits to:

- 6.2.1. Cover the total tuition costs of each Peruvian scholarship holder as indicated in 6.1.1, 6.1.5 and 6.1.6. The respective invoice will be paid via disposition of funds through the Integrated Financial Management System (SIAF as per its Spanish initials) of the Peruvian State to the bank account indicated by ENTITY. Cancellation shall take place within the time limits and procedures established by the parties in Annex 2 of this Agreement and subject to the PRONABEC's Rules for Execution of Subventions abroad.
- 6.2.2. Grant the following subventions to PRONABEC's scholarship holders:
  - a. Annual stipend for living expenses.
  - b. Annual stipend for academic materials.
  - c. Roundtrip flight tickets to each scholarship holder; Lima – Boston (at the beginning of the academic program) and Boston – Lima (at the end of the academic program)
  - d. Cover the research work and degree certification costs and the rest of benefits indicated in number 1.3.2 ut supra.
  - e. Insurance with health, accident, life and repatriation coverage.

**6.3 COMMON COMMITMENTS**

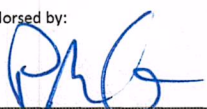
- 6.3.1. Elaborate a joint program every year aiming to achieve the objectives of the commitments contemplated in this agreement.
- 6.3.2. Evaluate and inform the results of the cooperation achieved, identifying the problems and the possible improvements in the execution of this agreement.

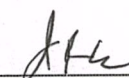
**SEVENTH: FINANCING**

PRONABEC will cover the costs of the concepts indicated in numeral 6.2, except the repetition of unapproved courses, and THE ENTITY will assume the costs indicated in numeral 6.1 of the Sixth Article, with the objective that the Peruvian scholarship holders can access, stay and finish their studies in THE ENTITY and obtain their degree or title. The financing corresponding to PRONABEC is granted according to the Budget assigned annually by the Public Budget Laws of the country and the Law N° 30281 – General Law of the National Budget System of Peru.

<sup>1</sup> Scholarship holders only can suspend postgraduate studies up to one year. Change of Program is forbidden.

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**EIGHT: INTERINSTITUTIONAL COORDINATION**

For the adequate follow up, supervision and monitoring in compliance of the commitments established in this agreement, the parties agree to assign as Inter-institutional Coordinators, according to the functions exercised in the implementation of this agreement, the following officials:

**For PRONABEC**

- Responsible : Executive Director of PRONABEC
- Alternative : Chief of the Graduate Scholarships Office of PRONABEC.

**For THE ENTITY**

- Responsible : President, Brandeis University
- Alternative : Provost, Brandeis University

PRONABEC and THE ENTITY shall substitute their Inter-institutional coordinators when considered appropriate.

The substitution must take effect starting the seventh day after the reception of the letter of substitution given by the counterpart.

**NINTH: LENGTH OF THE AGREEMENT VALIDATION**

The length of validation of this agreement is 5 years, starting from the date of subscription with an extension by mutual exchange of letters.

When the agreement expires, the commitments asumed by the parts will remain in effect until the total compliance and execution of the current pending commitments are fulfilled.

**TENTH: AGREEMENT MODIFICATIONS**

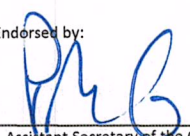
Any modifications, restrictions, broadening or extension of this agreement can be done through mutual consensus of the parts and must be formalized by Addendum, which will become part of this agreement.

**ELEVENTH: SOLUTIONS TO CONTROVERSIES**

Any controversies, discrepancies or demands derived from this agreement, including the ones concerning its expiration, nullity, execution, compliance or interpretation shall be settled by THE PARTIES through mutual consultation acting in good faith and in accordance to their common objectives.

In case the controversy persists, the parties express their willingness to undergo through awareness or equity arbitration, whose award shall be final, undisputable and binding for the parties, without being able to seek recourse through either the Judicial Branch or any other administrative instance.

To this end, the parties within five working days will designate by common agreement the sole arbitrator to be appointed to hear and solve the case. If this period expires without the parties having appointed the arbitrator, either party may request the Arbitration Center of the Lima Chamber of Commerce to appoint an Arbiter from among its members. After

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assuming the charge and receiving the parties' positions, the award shall be issued within fifteen working days.

**TWELFTH: FINAL DISPOSITIONS**

- 12.1. The parties subscribing to this agreement expressly agree to be subject to Peruvian law and the Laws of the State of Massachusetts - USA, except the agreements contained in this document that are law between the parties - and state that their respective residences are the addresses mentioned in the introduction to this document, to which each other will be sent valid communications and / or notifications as necessary. Any variation of these addresses will be effective on the tenth business day after being notified in writing to the other party.
- 12.2. All communications shall be valid and effective if done in writing, sent and received via fax, institutional e-mail, certified mail or notarized communications, and remitted between those who subscribe to this agreement and between Inter-Institutional Coordinators, designated in the eighth clause ut supra..
- 12.3. This Agreement may be terminated by either party. As such:
- a. The decision shall become effective from the conclusion of the current academic period when the decision is communicated.
  - b. The resolution does not affect the activities and obligations that the parties are developing, which should continue to be met until implementation is completed, as appropriate.
  - c. They proceed to settle and pay the costs incurred by the Ministry until end of current academic period, according to numbers 1.3.2, 6.1.1, 6.1.5, 6.1.6 and 6.2.1 of this agreement.
  - d. If scholarship holders do not deem appropriate changing to another university to complete their studies, the obligations will remain in force between the parties exclusively regarding these scholarship holders, not making new calls for scholarship competitions that aim to send new PRONABEC scholarship holders to THE ENTITY.
  - e. The parties shall take the necessary measures to avoid or minimize any prejudice, both among themselves and fellows.

In absolute conformity, the parties proceed to subscribe this agreement in two sets of 02 original copies each, one in Spanish and the other in English and both equal in content and authenticity.


**BY PRONABEC**



**Dr. Raúl Choque Larrauri**  
**Executive Director**

Date 13 ABR. 2016

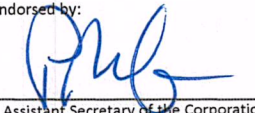
**BY THE ENTITY**



**Dr. Irving Epstein**  
**Interim Provost**

Date March 29, 2016

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Assistant Secretary of the Corporation



Interim Provost



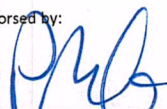
## ANNEX 1

N°	PROGRAM	Length of Program	Fee (A\$)	Semester Starting Date
1.	Master of Arts in Sustainable International Development	2 years	See Annex 2	August 27, 2016
2.	Master of Science in International Health Policy	1 or 2 years	See Annex 2	August 27, 2016
3.	Master of Arts in Coexistence and Conflict	15 months	See Annex 2	August 27, 2016
4.	Masters of Public Policy	2 years	See Annex 2	August 27, 2016

N°	PROGRAM	Length of Program	Fee (A\$)	Semester Starting Date **	Semester Finishing Date
1.	PhD Program in Social Policy	4 years (average)	See Annex 2	August 27, 2015	May 2, 2016 (Year 1)



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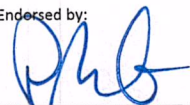


## ANNEX 2

### I. ANNUAL COST OF POSTGRADUATE PROGRAMS SUBSIDIZED BY PRONABEC\*

MASTER STUDIES FUNDED TO FELLOWS BY PRONABEC AT BRANDEIS UNIVERSITY	
CONCEPTS	
<b>Master of Arts in Sustainable International Development</b>	
\$46,422	Tuition (per academic while in residence/coursework)
\$1,454	Continuation fee (only for second year practicum option)
\$506	Registration Fee
\$372	Second Year Program Fee
\$2,642	Medical Insurance (per academic year)
<b>\$49,568</b>	<b>Total</b>
<b>Master of Science in International Health Policy</b>	
\$46,422	Tuition
\$506	Registration Fee
\$2,642	Medical Insurance
<b>\$49,568</b>	<b>Total</b>
<b>Master of Arts in Coexistence and Conflict</b>	
\$46,422	Tuition
\$506	Registration Fee
\$727	Continuation Fee (Summer)
\$727	Continuation Fee (Fall Year Two)
\$186	Program Fee (Fall Year Two)
\$2,642	Medical Insurance (prorated after first academic year)
<b>\$50,295</b>	<b>Total</b>
<b>Master of Public Policy</b>	
\$46,422	Tuition
\$506	Registration Fee
\$2,642	Medical Insurance (per academic year)
<b>\$49,568</b>	<b>Total</b>
CONCEPTS	
<b>PhD Program in Social Policy</b>	
Tuition (per academic year while in residence/coursework)	
Registration Fee	
Medical Insurance (per academic year)	

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**Total** (The Heller School provides tuition and stipend support to all admitted full-time PhD students. This financial support does not require submission of a financial statement. Part-time students are not eligible for financial support. The funding package includes a 100% tuition scholarship, all University fees, the health insurance premium, and a current annual stipend of \$19,500)

\* Costs will be adjusted annually, in accordance with published tuition and fees for the corresponding academic year

**DETAILS TO PERFORM IN INVOICE TO SEND TO PRONABEC**

- Corporate Name: PROGRAMA NACIONAL DE BECAS Y CREDITO EDUCATIVO
- Official Address: Avenida Arequipa N°1935 – Lince –LIMA 14 – Peru
- RUC N° 20546798152
- Detail: Academic Service provided, indicating the total number of fellows, according the agreed commitments by the parties.

**DOCUMENTS TO ATTACH TO THE INVOICE**

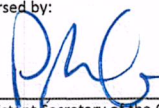
- The settlement for payment of scholarship holder's postgraduate studies discriminated by program and concepts in the original currency according to Admission Letter or Study Plan or Curriculum.
- The report on the academic progress and disciplinary status agreed in 6.1.5 of the agreement.
- Enrolment report, indicating if the scholarship holders have pending subjects or disapproved subjects in previous academic period. In case of disapproved subjects, the fellows must enroll again and approve these subjects to their own cost and responsibility. In this case THE ENTITY will not charge these repeated subjects in the invoice to PRONABEC.

**DETAILS TO PERFORM ON THE PAYMENT OF PROVIDED SERVICES**

Bank Name: JPMorgan Chase Bank, N.A.  
 Address: 277 Park Avenue  
 City, State: New York, NY 10172  
**Account Number:** 454 994 240  
**Account Name:** Brandeis University Student Financial Services  
 415 South Street  
 Waltham, MA 02453  
**For International Wire Transfers:**  
**Swift Code:** CHASUS33  
**Currency:** USD



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**POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producercompensation](http://www.aig.com/producercompensation) or by calling 1-800-706-3102.



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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
(212) 458-5000

(a capital stock company, herein referred to as the Company)

**MASTER APPLICATION FOR  
GROUP ACCIDENT INSURANCE POLICY**

Application is hereby made for a plan of accident insurance based on the following statements and representations:

**1. Identification of Policyholder:**

Name of Policyholder: Brandeis University  
Address of Policyholder: 415 South Street, Waltham, MA 02454  
Policy Number: SRG 0009143779

**2. Classification of Eligible Persons:**

Class Description of Class

I All active registered Domestic and International full-time Students who are enrolled in Academic Courses offered by the Policyholder, whose names will be kept on file with the Policyholder and for whom the appropriate premium has been paid.

And, all Spouses and Dependent Children, under age 18, of an enrolled Student.

**Eligible Spouse** - as used above, means the Insured's legal spouse.

**Eligible Dependent Children** - as used above, means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the home of the Insured, under age 19 (29 if attending an accredited institution of higher learning on a full time basis) and primarily dependent on the Insured for support and maintenance.

Any unmarried Eligible Dependent Children of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 31 days after the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

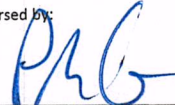
**Continuation of Eligibility.** If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of any eligible class of persons as described above may still be regarded as in an eligible class of persons as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than three months in a row; or (2) if the Insured is absent from work

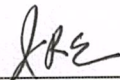
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Assistant Secretary of the Corporation

  
Interim Provost







**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**  
 Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
 (212) 458-5000  
 (a capital stock company, herein referred to as the Company)

Policyholder: Brandeis University  
 Policy Number: SRG 0009143779

**GROUP ACCIDENT INSURANCE POLICY**

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Master Application.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy, and in the individual enrollment forms, if any.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:

*Rob Schindt*

*Dei...*

President

Secretary

**PLEASE READ THIS POLICY CAREFULLY.**

Non-Participating Policy



**This plan alone does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Please see the paragraph following the Table of Contents for additional information.**

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Endorsed by:

*RMG*

Assistant Secretary of the Corporation

*JR*

Interim Provost



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Assistant Secretary of the Corporation

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As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (<http://www.mahealthconnector.org/>).

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured's other health plans.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at [www.mass.gov/doi](http://www.mass.gov/doi).



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**DEFINITIONS**

**Injury** - means bodily injury caused by an accident occurring while this Policy is in force as to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

**Insured** - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) who has enrolled for coverage under this Policy, if required; (3) for whom premium has been paid; and (4) while covered under this Policy.

**Immediate Family Member** - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Insured Person** - means an Insured.

**Physician** - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**POLICY EFFECTIVE AND TERMINATION DATES**

**Effective Date.** This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

**Termination Date.** Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 30 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: 1) the Policy Termination Date shown in the Master Application; or 2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

**INSURED'S EFFECTIVE AND TERMINATION DATES**

**Effective Date.** An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the first premium for the Insured's coverage is paid in accordance with the Premiums section of the Master Application; (3) if individual enrollment is required, the date written enrollment is received by the Policyholder; (4) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or (5) the Coverage Effective Date described in the Master Application.

**Termination Date.** An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date the Insured requests, in writing, that his or her coverage be terminated; or (4) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

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**PREMIUM**

**Premiums.** Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums due on any premium due date, by giving the Policyholder at least 31 days advance written notice. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

**Grace Period.** A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section.

No Grace Period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.



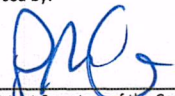
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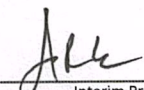
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**BENEFITS**

**Principal Sum.** As applicable to each Insured, Principal Sum means the amount of insurance in force under this Policy as described in the Master Application for Group Accident Insurance Policy.

**Reduction Schedule.** The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum or flat Benefit Amount. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
70 - 74	65%
75 - 79	45%
80 - 84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

"Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

**Limitation on Multiple Benefits.** If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit.

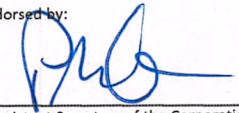
**Accidental Death Benefit.** If injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

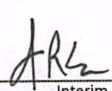
**Accidental Dismemberment Benefit.** If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand or One Foot.....	50%
Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
Thumb and Index Finger of Same Hand.....	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of C11656(REV 3-99)DBG-MA 6 CAP



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sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

**Exposure and Disappearance.** If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.



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**EXCLUSIONS**

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
3. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
  - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft;
  - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or by the Insured Person's employer;
4. declared or undeclared war, or any act of declared or undeclared war;
5. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
6. the Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician;
7. the Insured Person's commission of or attempt to commit a felony.



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**CLAIMS PROVISIONS**

**Notice of Claim.** Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at A&H Claims Department, P.O. Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company.

**Claim Forms.** The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

**Proof of Loss.** Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

**Payment of Claims.** Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

**Time of Payment of Claims.** Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

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**GENERAL PROVISIONS**

**Entire Contract; Changes.** This Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

**Incontestability.** The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After an Insured Person has been insured under this Policy for two year(s) during his lifetime, no statement made by the Insured Person, except a fraudulent one, will be used to contest a claim under this Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

**Certificates of Insurance.** The Company will provide certificates of insurance for delivery to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

**Insured's Beneficiary Designation and Change.** The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Company's or, if agreed upon in advance by the Company, the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Company or, if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company or, if agreed upon in advance by the Company, the Policyholder, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

**Physical Examination.** The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim.

**Legal Actions.** No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written

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proof of loss is required to be furnished.

**Noncompliance with Policy Requirements.** Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

**Conformity With State Statutes.** Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

**Workers' Compensation.** This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

**Clerical Error.** Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

**Records.** The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

**Assignment.** This Policy is non-assignable. An Insured may assign all of his or her rights, privileges and benefits under this Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

**New Entrants.** This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

**Misstatement of Age.** If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.



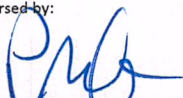
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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Brandeis University  
Policy Number: SRG 0009143779

**PARALYSIS BENEFIT RIDER**

This Rider is attached to and made part of the Policy effective August 15, 2014. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Paralysis Benefit.** If injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

Type of Paralysis	Percentage of Principal Sum
Quadriplegia .....	100%
Paraplegia .....	50%
Hemiplegia.....	50%
Uniplegia.....	25%

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



*Pat Schirer*  
President

*Dei...*  
Secretary

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Endorsed by:

*PRB*  
Assistant Secretary of the Corporation

*PRB*  
Interim Provost



**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Brandeis University  
Policy Number: SRG 0009143779

**EMERGENCY EVACUATION BENEFIT RIDER**

This Rider is attached to and made part of the Policy effective August 15, 2014. It applies only with respect to accidents and Emergency Sickneses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Emergency Evacuation Benefit.** The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to a maximum of \$50,000 for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sickneses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

**Family Travel Benefit.** Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for expenses reasonably incurred:

1. to return to their current place of primary residence, with an attendant if necessary, any of the Insured Person's Children who were accompanying the Insured Person when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per Child; and
2. to bring one person chosen by the Insured Person to and from the hospital or other medical facility where the Insured Person is confined if the Insured Person is alone and if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket.

Travel Guard must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Guard in advance. The Exclusions section of the Policy does not apply with respect to this Rider.

**Children** - as used in this Rider, means unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured Person's home, under age 18 and primarily dependent on the Insured Person for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

**Covered Emergency Evacuation Expense(s)** - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

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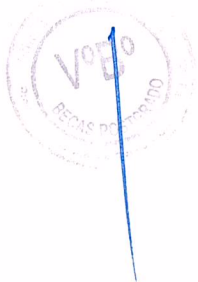
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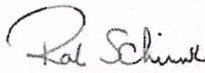
**Emergency Evacuation** - as used in this Rider, means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness: (1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.


**Emergency Sickness** - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place their life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom.

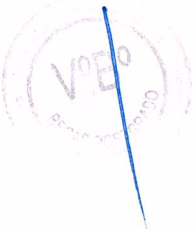
**Medically Necessary Emergency Evacuation Service** - as used in this Rider means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

**Transportation** - as used in this Rider means moving the Insured Person during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

  
President

  
Secretary



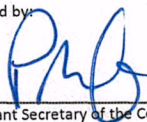
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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Brandeis University  
Policy Number: SRG 0009143779

**REPATRIATION OF REMAINS BENEFIT RIDER**

This Rider is attached to and made part of the Policy effective August 15, 2014. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Repatriation of Remains Benefit.** If an Insured Person suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, up to a maximum of \$50,000.

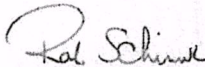
Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance.


Emergency Sickness – as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured Person suffering the symptom.

Exclusion 2 in the Exclusions section of the Policy does not apply with respect to this Rider. [ In addition to the Exclusions in the Exclusions section of the Policy, Repatriation of Remains benefits are not payable if loss of life is caused in whole or in part by, or results in whole or in part from, any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.]<sup>3</sup>

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



Robert Schindler  
President




Secretary

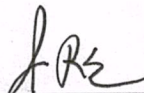
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Endorsed by:



Assistant Secretary of the Corporation



Interim Provost



**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Brandeis University  
Policy Number: SRG 0009143779

**INJURY DEFINITION AND EXCLUSIONS AMENDATORY ENDORSEMENT**

This Endorsement is attached to and made part of this Policy effective August 15, 2014. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of this Policy except as they are specifically modified by this Endorsement.

1. The definition of Injury in the Definitions section of this Policy is deleted and replaced by the following:

**Injury** - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force, and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

2. The Exclusions section of the Policy is deleted and replaced by the following:

**Exclusions**

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
  - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured Person's employer.



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Endorsed by:


Assistant Secretary of the Corporation

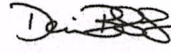
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4. declared or undeclared war, or any act of declared or undeclared war.
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. the Insured person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
8. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.
9. the Insured Person's commission of or attempt to commit a felony.
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:

  
 President

  
 Secretary



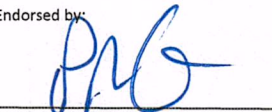
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Endorsed by:

  
 Assistant Secretary of the Corporation

  
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**IMPORTANT NOTICE TO OUR CUSTOMERS  
REGARDING THE  
OFFICE OF FOREIGN ASSETS CONTROL**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

**WHAT IS OFAC?**

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

**PROHIBITED ACTIVITY**

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:

<http://www.ustreas.gov/offices/eotfc/ofac>.

**OBLIGATIONS PLACED ON US BY OFAC**

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

**POTENTIAL ACTIONS BY US**

1. We may immediately cancel your coverage effective on the day that we determine that we have transacted business with an individual or entity associated with your policy on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.
2. If we cancel your coverage, you will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
3. We will not pay a claim, accept premium or exchange monies or assets of any kind to or with individuals, entities or companies (including a bank) on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC. And, we will not defend or provide any other benefits under your policy to individuals, entities or companies on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.

**YOUR RIGHTS AS A POLICYHOLDER**

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <http://www.ustreas.gov/offices/eotfc/ofac/legal/forms/license.pdf>



Endorsed by:

Assistant Secretary of the Corporation

Interim Provost





## AIG Property Casualty U.S. Privacy and Data Security Notice

### About This Notice

This Privacy and Data Security Notice applies only to your Personal Information (see definition below) obtained by one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. listed at the end of this notice (collectively, the "AIG Companies" or "we") in connection with the products or services one of those companies provided primarily for your personal, family, or household purposes in connection with which you are receiving this notice.

The AIG Companies have established practices, procedures and system protections that are designed to help protect the privacy and security of Personal Information that we collect in the course of conducting our business. This notice outlines how we collect, handle, and disclose Personal Information about you.

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies you personally. Examples of Personal Information include, but are not limited to, a first and last name, a home or other physical address, an email address, a financial account or credit card number, a driver's license number, and information on your physical condition or health status.

### I. Information Privacy

We may collect Personal Information from applications, enrollment forms, in claims processing, or in your other interactions with us and with our Affiliates. We may also collect Personal Information from credit reporting agencies and other third parties in connection with the sale of our products to you.

We will collect Personal Information only in accordance with applicable laws or regulations, whether we collect it in response to your request for a product or service from us or otherwise.

### Information Sharing

We may share your Personal Information with Affiliates and Non-Affiliates as described below.

**With our Affiliates:** Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

We may share your Personal Information, including Personal Information of a health nature, with our Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with our Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.

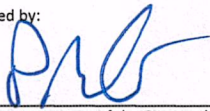
### With Non-Affiliates:

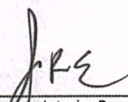
We may share your Personal Information, including Personal Information of a health nature, with Non-Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.

We may also enter into joint marketing agreements with Non-Affiliates to share your non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

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Assistant Secretary of the Corporation

  
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Because we do not share Personal Information with either Affiliates or Non-Affiliates in any other way, there is no need for an opt-out process in our privacy procedures.

For California and Vermont Residents: If it becomes necessary to share your Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining your permission.

## II. Data Security

To help prevent unwarranted disclosure of your Personal Information and secure it from theft, we utilize secure computer networks. Access is restricted to those persons who have a business need to use your Personal Information to provide products or services to you. We also maintain physical, electronic, and procedural safeguards designed to protect your Personal Information in compliance with federal and state privacy and information security laws. Non-Affiliates that assist us in servicing insurance policies or who enter into joint marketing agreements with us are required to take measures to maintain the security of your Personal Information in compliance with federal and state privacy and information security laws.

## III. Maintaining Personal Information

We also maintain procedures to ensure that the Personal Information we collect is accurate, up-to-date, and as complete as possible. If you believe the information we have about you in our records or files is incomplete or inaccurate, you may request that we make additions or corrections, or if it is feasible, that we delete this information from our files. You may make this request in writing to (include your name, address and policy number):

Chief Privacy Officer  
AIG Property Casualty  
180 Maiden Lane, 40th Floor New York, NY 10038  
Fax: 212 458-7081  
E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)

**Special Notice:** You can obtain access to any non-public Personal Information we have about you if you properly identify yourself and submit a written request to the address above describing the information you want to review. We will also tell you the identity, if recorded, of persons to whom we have disclosed your non-public Personal Information within the preceding two years.

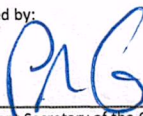
You may request that we correct, amend or delete information about you. If we do so, we will notify organizations that provided us with that information and, at your request, persons who received that information from us within the preceding two years. If we cannot grant your request to correct, amend or delete the information, you may give us a written statement of the reasons you disagree, which we will place in your file and give to the same parties who would have been notified of the requested change.

### Our Customers Can Depend on Us

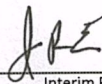
We are committed to maintaining our trusted relationship with our Customers. We consider it our privilege to serve our Customers' insurance and financial needs and we value the trust they have placed in us. Our Customers' privacy is a top priority. We will continue to monitor our practices in order to protect that privacy and will comply with state privacy laws that require more restrictive practices than those set out in this notice.

78052 (01/13)

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Assistant Secretary of the Corporation



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**Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice**

We may change this Privacy and Data Security Notice from time to time, and if particular changes are required by law to be communicated to you, we will do so.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; and American General Life Insurance Company of Delaware.



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Endorsed by:

Assistant Secretary of the Corporation

Interim Provost



**HIPAA Privacy Notice  
AIG Property Casualty**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**About this Notice**

You are receiving this notice because you have insurance under an individual or group Accident and Health (A&H) policy from one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. (collectively, the "AIG Companies" or "we") listed at the end of this notice.

If the A&H insurance policy you have does not provide payment for the cost of medical care, then this Health Insurance Portability and Accountability Act (HIPAA) Notice does not apply to you. In that case, the AIG Property Casualty Privacy and Data Security Notice you also received from us describes our privacy practices and your rights under state laws related to personal health and other personal information we may have collected about you in the course of conducting business with you.

If the A&H insurance policy you have provides payment for the cost of medical care, the AIG Property Casualty Privacy and Data Security Notice applies and the Health Insurance Portability and Accountability Act requires us to send you this additional notice of our obligations and your rights, under federal law.

**Our Duties**

We are required to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. In the event we revise the practices related to privacy described in this notice, we will provide you with a revised notice by mail.

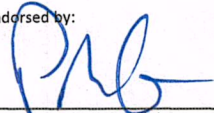
**Your Individual Rights**

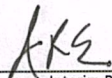
With respect to protected health information, you have the following rights:

1. The right to request restrictions on certain uses and disclosures of protected health information including the uses and disclosures listed in this notice and permitted disclosures by law. However, we are not required to agree to a requested restriction except for a request for a restriction to your protected health information where you have paid for the cost of the health care item or service in full and disclosure is not otherwise required by law;
2. The right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations;
3. The right to inspect and copy your protected health information in our records, in either hard copy or electronic form to the extent that we maintain such records electronically, except:
  - for psychotherapy notes;
  - for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
  - for protected health information that is subject to a law prohibiting access to that information; or
  - if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

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Assistant Secretary of the Corporation

  
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We may also deny your request to inspect and copy your protected health information if:

- a licensed health care professional has determined that the access requested is reasonably likely to endanger your life or physical safety or the life or physical safety of another person;
- the protected health information makes reference to another person and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
- a licensed health care professional has determined that the access requested by your personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny access on one of the above three grounds, you have the right to have the denial reviewed in accordance with applicable law;

4. The right to amend your protected health information contained in our records. However, if the information was not created by us, is not part of your medical or billing records, is not available for inspection, or the information is accurate and complete, we are not required to amend the information;
5. The right to receive an accounting of disclosures of protected health information made by us in the six years prior to the date on which the accounting is requested, except for disclosures:
  - to carry out payment and health care operations as provided below;
  - for notification purposes, as provided by law;
  - for national security or intelligence purposes, as provided by law;
  - to correctional institutions or law enforcement officials, as provided by law; or
  - that occurred prior to April 14, 2003;
6. The right to obtain a paper copy of this notice upon request if you are viewing this notice electronically; and
7. The right to be notified of a breach of unsecured protected health information. Unsecured protected health information means protected health information that is not secured through the use of a technology or methodology specified by the Secretary of Health and Human Services.

**Uses and Disclosures of Protected Health Information**

Under federal law, we are permitted to use and disclose protected health information for the purposes of treatment, payment, and health care operations.

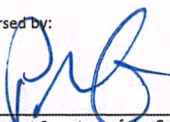
- Treatment. We do not provide treatment.
- Payment. Payment refers to activities involving the collection of premium and payment of claims. Examples of uses and disclosures under this section include: (1) sharing protected health information with other insurers to determine coordination of benefits, the administration of claims, determining coverage, and providing benefits; and (2) sharing protected health information with third party administrators for the processing of claims.
- Operations. Operations refers to the business functions necessary for us to operate, such as quality assurance activities, audits, and complaint responses. Examples of uses and disclosures under this section include: (1) using protected health information for the purpose of underwriting and calculating premium rates; (2) using protected health information to perform legal, actuarial, and auditing services; (3) disclosing protected health information when responding to complaints; and (4) use of protected health information for general data analysis and long term management and planning. We do not use protected health information that is genetic health information for underwriting purposes. Genetic information includes information concerning the manifestation of a disease or condition of a family member while information about a condition or a disease pertaining to a specific individual is not genetic information.

We may also use or disclose your protected health information for other purposes permitted or required by law, including the following:

- to you, as the covered individual;

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- to a personal representative designated by you to receive protected health information or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual;
- to the Secretary of Health and Human Services, or any employee thereof, as part of an investigation to determine our compliance with the HIPAA Privacy Rules;
- to a business associate as part of a contracted agreement to perform services for the plan;
- to a health oversight agency, such as the Insurance Commissioner's Office, to respond to inquiries or investigations of the plan, requests to audit the plan, or to obtain necessary licenses;
- in response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding;
- as required for law enforcement purposes; or
- as required to comply with Workers' Compensation or other similar programs established by law.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which protected health information may be used. They are provided to describe in general the types of uses and disclosures that may be made.

We do not use protected health information for fundraising activities, however, if we were to do so, you would be provided with the right to opt out of any such use.

We will not use your protected health information for any of the following activities without obtaining your prior written authorization:

- Marketing activities using protected health information;
- Any disclosure that constitutes a sale of protected health information; or
- The use or disclosure of psychotherapy notes.

Other uses and disclosures of your protected health information may be made only with your written authorization unless otherwise permitted or required by law. You may revoke such authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your protected health information in good faith with the authorization.

#### **Complaints Regarding Your Privacy Rights**

If you believe your privacy rights have been violated, you may contact the Secretary of Health and Human Services or you may file a complaint in writing with us at the address below. Federal law prohibits us from retaliating against you for filing such a complaint.

#### **Contact Us**

For information regarding any matter covered by this notice, please contact:

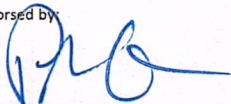
**Chief Privacy Officer**  
**AIG Property Casualty**  
**175 Water Street, 15<sup>th</sup> Floor | New York, N.Y. 10038**  
**Phone: 1-866-244-4786**  
**E-mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)**

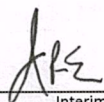
#### **Effective Date**

The effective date of this notice is September 23, 2013. The AIG Companies include: American Home Assurance Company; Chartis Specialty Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; The Insurance Company of the State of Pennsylvania; American General Life Insurance Company of Delaware; and American International Life Assurance Company of New York.

107436 (09/13)

Endorsed by

  
 Assistant Secretary of the Corporation

  
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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**  
Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
(212) 458-5000  
(a capital stock company, herein referred to as the Company)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ENDORSEMENT**

This endorsement, effective August 15, 2014 12:01 A.M. forms a part of SRG 0009143779 issued to Brandeis University by National Union Fire Insurance Company of Pittsburgh, Pa.

**COVERAGE TERRITORY ENDORSEMENT**

*This endorsement modifies insurance provided under the following:*

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



*Rob Schindt*

President

*Dei...*

Secretary



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Endorsed by:

*[Signature]*

Assistant Secretary of the Corporation

*[Signature]*

Interim Provost



**MEDICAL SCHEDULE OF BENEFITS**

**Benefit Plan(s) 001, 002**

All health benefits shown on this Schedule of Benefits are subject to the following: Lifetime and annual maximums, Deductibles, Co-pays, Plan Participation rates, and out-of-pocket maximums, if any. Refer to the Out-of-Pocket Expenses section of this SPD for more details.

Benefits are subject to all provisions of this Plan including any benefit determination based on an evaluation of medical facts and covered benefits. Refer to the Covered Medical Benefits and General Exclusions sections of this SPD for more details.

Important: Prior authorization may be required before benefits will be considered for payment. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs. Refer to the Utilization Management section of this SPD for a description of these services and prior authorization procedures.

Notes: Refer to the Provider Network section for clarifications and possible exceptions to the In-Network or Out-of-Network classifications.

If a benefit maximum is listed in the middle of a column on the Schedule of Benefits, that means that it is a combined Maximum Benefit for services that the Covered Person receives from all In-Network and Out-of-Network providers and facilities.

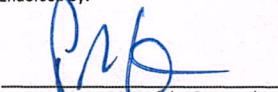
	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible Per Calendar Year:</b>		
<i>Note: Medical And Pharmacy Expenses Are Subject To The Same Deductible</i>		
• Single Coverage	\$1,500	\$2,000
• Family Coverage	\$3,000	\$4,000
<b>Plan Participation Rate, Unless Otherwise Stated Below:</b>		
• Paid By Plan After Satisfaction Of Deductible	100%	70%
<b>Annual Out-Of-Pocket Maximum:</b>		
<i>Note: Medical And Pharmacy Expenses Are Subject To The Same Out-Of-Pocket Maximum</i>		
• Single Coverage	\$2,000	\$5,000
• Family Coverage	\$4,000	\$10,000
<b>Acupuncture Treatment:</b>		12 Visits
• Maximum Visits Per Calendar Year		
• Paid By Plan After Deductible	100%	70%
<b>Ambulance Transportation:</b>		
• Paid By Plan After In-Network Deductible	100%	100%
<b>Chiropractic Services:</b>		
• Paid By Plan After Deductible	100%	70%
<i>Note: Medical Necessity Will Be Reviewed After 25 Visits.</i>		
<b>Durable Medical Equipment:</b>		
• Paid By Plan After Deductible	100%	70%

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	IN-NETWORK	OUT-OF-NETWORK
<b>Emergency Services / Treatment:</b>		
<b>Urgent Care:</b>		
• Paid By Plan After In-Network Deductible	100%	100%
<b>Emergency Room / Emergency Physicians:</b>		
• Paid By Plan After In-Network Deductible	100%	100%
<b>HIV Screening Tests Done In Emergency Room:</b>		1 Test
• Maximum Tests Per Calendar Year		
• Paid By Plan After In-Network Deductible	100%	100%
<b>Extended Care Facility Benefits Such As Skilled Nursing, Convalescent Or Subacute Facility:</b>		60 Days
• Maximum Days Per Calendar Year		
• Paid By Plan After Deductible	100%	70%
<b>Hearing Services:</b>		
<b>Exams, Tests:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Hearing Aids:</b>		1 Per Ear
• Maximum Benefit Every 2-Calendar Years		
• Paid By Plan After Deductible	100%	70%
<b>Home Health Care Benefits:</b>		60 Visits
• Maximum Visits Per Calendar Year		
• Paid By Plan After Deductible	100%	70%
<i>Note: A Home Health Care Visit Will Be Considered A Periodic Visit By Either A Nurse Or Therapist, As The Case May Be, Or Up To Four (4) Hours Of Home Health Care Services.</i>		
<b>Hospice Care Benefits:</b>		
<b>Hospice Services:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Bereavement Counseling:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Hospital Services:</b>		
<b>Pre-admission Testing:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Inpatient Services / Inpatient Physician Charges Room And Board Subject To The Payment Of Semi-private Room Rate Or Negotiated Room Rate:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Outpatient Services / Outpatient Physician Charges:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Outpatient Lab And X-ray Charges:</b>		
• Paid By Plan After Deductible	100%	70%



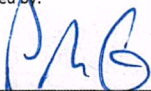
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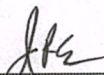
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	IN-NETWORK	OUT-OF-NETWORK
<b>Outpatient Surgery / Surgeon Charges:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Mental Health, Substance Abuse And Chemical Dependency Benefits:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Physician Office Visit:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Physician Office Services:</b>		
• Paid By Plan After Deductible	100%	70%
<b>Preventive / Routine Care Benefits. See Glossary Of Terms For Definition. Benefits Include:</b>		
<b>Preventive / Routine Physical Exams:</b>		
• Paid By Plan After Deductible	100% (Deductible Waived)	70%
<b>Immunizations:</b>		
• Paid By Plan After Deductible	100% (Deductible Waived)	70%
<b>Preventive / Routine Diagnostic Tests, Lab And X-rays:</b>		
• Paid By Plan After Deductible	100% (Deductible Waived)	70%
<b>Preventive / Routine Mammograms And Breast Exams:</b>		
• Maximum Exams Per Calendar Year		1 Exam
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Preventive / Routine Pelvic Exams And Pap Test:</b>		
• Maximum Exams Per Calendar Year		1 Exam
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Preventive / Routine PSA Test And Prostate Exams:</b>		
• Maximum Exams Per Calendar Year		1 Exam
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Preventive / Routine Colonoscopy, Sigmoidoscopy And Similar Routine Surgical Procedures Done For Preventive Reasons:</b>		
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Preventive / Routine Hearing Exams:</b>		
• Paid By Plan After Deductible	100% (Deductible Waived)	70%
<b>Tobacco Addiction:</b>		
• Paid By Plan After Deductible	100% (Deductible Waived)	70%

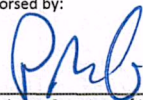


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	IN-NETWORK	OUT-OF-NETWORK
<b>Temporomandibular Joint Disorder Benefits:</b>		
• Maximum Benefit Per Calendar Year		\$1,000
• Paid By Plan After Deductible	100%	70%
<b>Therapy Services:</b>		
• Paid By Plan After Deductible	100%	70%
<i>Note: Medical Necessity Will Be Reviewed After 25 Visits.</i>		
<b>Vision Care Benefits:</b>		
<b>Eye Exam:</b>		
Maximum Benefit Per Calendar Year		\$75
Maximum Exams Per Calendar Year		1 Exam
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Refraction:</b>		
Included In Maximum		
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Lenses - All:</b>		
Maximum Benefit Per Calendar Year		\$75
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Frames:</b>		
Included In Maximum		
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Elective Contacts:</b>		
Included In Maximum		
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Prescription Sunglasses / Vision Aids:</b>		
Included In Maximum		
• Paid By Plan	100% (Deductible Waived)	100% (Deductible Waived)
<b>Vision Therapy:</b>		
• Paid By Plan After Deductible	100% (Deductible Waived)	100% (Deductible Waived)
<b>Wigs, Toupees Or Hairpieces Related To Cancer Treatment And Alopecia Areata:</b>		
• Maximum Benefit Per Lifetime		\$500
• Paid By Plan After Deductible	100%	70%
<b>All Other Covered Expenses:</b>		
• Paid By Plan After Deductible	100%	70%



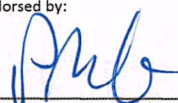
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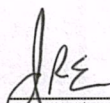
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TRANSPLANT SCHEDULE OF BENEFITS		
Benefit Plan(s) 001, 002		
<b>Transplant Services At A Designated Transplant Facility:</b>		
<b>Transplant Services:</b>		
• Paid By Plan After Deductible	100%	
<b>Travel And Housing:</b>		
• Maximum Benefit Per Transplant	\$10,000	
• Paid By Plan After Deductible	100%	
Travel And Housing At Designated Transplant Facility For Up To One Year From Date Of Transplant.		
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Transplant Services At A Non-designated Transplant Facility:</b>		
<b>Transplant Services:</b>		
• Maximum Benefit Per Lifetime	Not Applicable	\$5,000,000
• Paid By Plan After Deductible	100%	70%

**Note: Donor organ search and procurement costs are covered by this Plan limited to \$25,000 per transplant. (Charges will be included in Out-of-Network lifetime maximum.)**



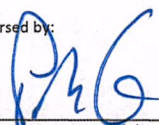
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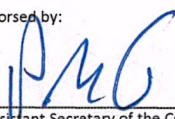
  
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PRESCRIPTION SCHEDULE OF BENEFITS PRESCRIPTION SOLUTIONS	
Benefit Plan(s) 001, 002	
<b>Annual Pharmacy Deductible Per Calendar Year:</b>  <b>Note: Medical And Pharmacy Expenses Are Subject To The Same Medical Deductible</b> <ul style="list-style-type: none"> <li>Per Person</li> </ul>	\$1,500
<b>Annual Out-of-Pocket Maximum Per Calendar Year:</b>  <b>Note: Medical And Pharmacy Expenses Are Subject To The Same Medical Out-Of-Pocket Maximum.</b> <ul style="list-style-type: none"> <li>Per Person</li> </ul> <p>Once The Annual Out-Of-Pocket Maximum Is Met, Then The Covered Person Pays Zero For Covered Prescription Medication Except For The Difference In Cost Between Brand And Its Generic Equivalent</p>	\$2,000
<b>By Participating Retail Pharmacy</b> <ul style="list-style-type: none"> <li>Covered Person's Co-pay Amount</li> </ul>	For Up To A 34-Day Supply:  Generic Products (Tier 1) \$15 Preferred Brand Products (Tier 2) \$30 Nonpreferred Brand Products (Tier 3) \$45
<b>Retail 90 Rx By Participating Retail Pharmacy</b> <ul style="list-style-type: none"> <li>Covered Person's Co-pay Amount</li> </ul>	For Up To A 3 Month Supply: (At Least 84 Days)  Generic Products (Tier 1) \$45 Preferred Brand Products (Tier 2) \$90 Nonpreferred Brand Products (Tier 3) \$135
<b>By Participating Mail Order Pharmacy</b> <ul style="list-style-type: none"> <li>Covered Person's Co-pay Amount Per Prescription Product</li> </ul>	For Up To A 90-Day Supply:  Generic Products (Tier 1) \$30 Preferred Brand Products (Tier 2) \$60 Nonpreferred Brand Products (Tier 3) \$90
<b>By Specialty Pharmacy Vendor</b> <ul style="list-style-type: none"> <li>Covered Person's Co-pay Amount</li> </ul>	For Up To A 34-Day Supply  Generic Products (Tier 1) \$15 Preferred Brand Products (Tier 2) \$30 Nonpreferred Brand Products (Tier 3) \$45
<b>By Non-Participating Pharmacy</b>	Use Of A Non-Participating Pharmacy, Requires Payment For The Prescription Upfront. The Covered Person Can Then Submit A Claim Reimbursement Form With A Receipt To Prescription Solutions For Reimbursement. Reimbursement For Covered Prescription Products Will Be Based On The Lowest Contracted Amount Of A Participating Pharmacy Minus Any Applicable Deductible And/Or Retail Co-pay Shown In This Schedule.



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