

2011-2012

Student

Injury

And

Sickness

Insurance

Plan

NON-PARTICIPATING  
NON-RENEWABLE ONE YEAR TERM

*Designed Especially for the Students of*



Bethlehem, PA

This plan is underwritten by:  
**Nationwide Life Insurance Company**  
Policy Number: **302-039-3709**

**LEHIGH UNIVERSITY HEALTH CENTER**

Eligibility

All students are eligible to receive care at the Student Health Center. It is not necessary to purchase student insurance to use the services of the center. Spouses and children of students are not eligible for treatment.

Services

Our Health Center staff provides medical care similar in scope to that provided in a private practice. We treat medical, surgical and orthopedic problems, with referral to a specialist or to a hospital emergency room when necessary. We also provide gynecological services by appointment. A self-treatment program is available to students who have minor illnesses. Through computer guided self-assessments students learn to treat their symptoms. Students receiving allergy injections may store their extracts in the Health Center. For the Health Center to administer injections, we require written orders from the patient's allergist, including the dosage and schedule of injections. The Health Center staff works closely with the University Counseling and Psychological Services staff to help students who have psychological issues and drug and alcohol problems.

Medications

Many commonly prescribed medications, including pain relievers, antibiotics, cold and cough preparations are dispensed at no charge. Prescriptions are written for medications not available at the Center. Prescriptions provided by outside physicians cannot be filled at the Health Center.

Costs

With few exceptions, there is no charge to students for services provided by the Health Center staff.

Location

The Health Center is located on the third floor of Johnson Hall, just south of the University Center.

Hours

During the academic year, the Health Center is open:

*Weekdays – 8:15 am to 4:45 pm*

*Saturday – 10:00 am to 2:00 pm*

During the summer, semester and spring breaks, the Health Center is open:

*Monday – Friday - 9:00 am to 12:30 pm*

*1:00 pm to 4:00 pm*

**ELIGIBILITY**

All students, visiting scholars, and visiting research associates are eligible to elect coverage under this Insurance Plan.

- Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased unless they would have been eligible to attend classes for thirty-one (31) days and were prevented from attending due to a Sickness or Injury. Home study correspondence, on-line, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes.
- Visiting Scholars and visiting research associates must actively perform the duties of his/her appointment for at least the first thirty-one (31) days after the later of the date for which coverage is purchased or beginning of assignment, unless they would have been eligible to perform the duties of his/her appointment and were prevented from doing so due to a Sickness or Injury.

Any student eligible for enrollment in the annual insurance plan who does not enroll in the Fall Semester Only insurance plan by the enrollment deadline loses eligibility to enroll in the Spring Semester Only insurance plan, unless there is a Qualifying Event as defined on page 4.

If the insurance company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

**MANDATORY HEALTH INSURANCE COVERAGE**

Undergraduate students taking more than four (4) credits are required by University Policy to have Injury and Sickness insurance and therefore are automatically enrolled in this Insurance Plan. The charge for the annual premium will be included on the student's fall invoice. Those undergraduate students who are insured under another policy may drop his/her coverage under this Insurance Plan and have the premium credited back to his/her university account by completing a waiver form by the **August 1<sup>st</sup> deadline**.

All Lehigh students, visiting scholars, and research associates with a current visa status of J-1 are required by Federal law to have Injury and Sickness insurance and must provide proof of insurance to Lehigh's Office of International Students and Scholars. These individuals will be required to purchase this Insurance Plan if he/she does not have alternative sickness and injury insurance coverage.

## ENROLLMENT METHOD

All automatic and voluntary enrollments in this Insurance Plan are handled by the Bursar's Office at Lehigh University, including enrollment for qualifying events.

## EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 8, 2011. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 8, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, or the date an Insured Person enters full time military service, whichever is earlier. For new students entering the second term, coverage is effective January 09, 2012 or the date application and full premium are received by the Company (or its authorized representative) whichever is later.

## ENROLLMENT PERIODS

Eligible individuals who wish to voluntarily enroll in this Insurance Plan must do so by the applicable deadline.

	Coverage Period	Enrollment Deadline
Annual	8/08/11-8/08/12	9/9/11
Fall Only	8/08/11-1/09/12	9/9/11
Spring Only	1/09/12-8/08/12	1/27/12

## STUDENT PREMIUMS

ANNUAL 8/8/11 – 8/8/12	FALL 8/8/11 – 1/9/12	SPRING 1/9/12 – 8/8/12
\$1,520*	\$678*	\$1,001*
OPTIONAL SUPPLEMENTAL		
\$365**	\$365**	\$365**

\*The above rates include an administration fee.

\*\* The Optional Supplemental must be purchased at the time of initial enrollment by the applicable deadline.

## QUALIFYING EVENTS

Eligible individuals may enroll after the enrollment deadlines because of an eligible qualifying event. To enroll, the eligible individual must provide evidence of the event to the Bursar's Office at Lehigh University within thirty (30) days of the event. The full premium for the semester must be paid.

Eligible qualifying events are defined as:

- Involuntary loss of other creditable coverage; and
- Status as new Lehigh student, visiting scholar/visiting research associates.

**Under no circumstances will enrollment be allowed if the request for coverage and/or event documentation is received after thirty (30) days following the event.**

Newborns of covered female enrollees will be automatically covered for the first thirty-one (31) days after birth. Coverage will cease after such thirty-one (31) days.

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within fourteen (14) days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

## REFUNDS OF PREMIUM

**There are no refunds of the premium** except for the following situations:

- Entry into the Armed Forces; or
- Failure to meet Eligibility Requirements

This Policy is a Non-Renewable One Year Term Policy. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insureds who have not received information regarding a subsequent plan prior to the Policy's Termination Date should inquire regarding such coverage with the broker.

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured Person is hospital confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed twelve (12) months after the Termination Date.

The total payments made in respect of the Insured Person for such condition both before and after the Termination Date will never exceed the maximum benefit. After the "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED

The Insured Student must use the resources of the Student Health Center (SHC) first, where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. SHC personnel must initial the claim form to verify referral. If the Insured Student is referred by the SHC the \$50 deductible(s) for that condition will be waived.

A SHC referral for outside care is not necessary only under the conditions listed below:

1. Medical Emergency;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than twenty (20) miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Treatment of Mental or Nervous Disorders.

## INTERCOLLEGIATE SPORTS MAXIMUM BENEFIT \$2,000 (FOR EACH INJURY)

Insured student athletes who are members of and are participating in intercollegiate sports sponsored by the Policyholder are covered for sports Injury. Benefits will be paid under the Scheduled Benefits for intercollegiate sports Injury up to \$2,000 for each Injury.

No benefits will be paid for:

1. Room and board expenses, which exceed the semi-private room rate;
2. Outpatient Physical Therapy in excess of \$1,000 maximum (Per Policy Year). See Policy Exclusions for additional limitations;
3. Prescription Drugs in excess of \$750 maximum;
4. Infections, except pyogenic infections caused wholly by a covered Injury;
5. Cysts, blisters, or boils;
6. Overexertion; heat exhaustion; fainting;
7. Hernia, regardless of how caused; or
8. Artificial aids such as crutches, braces, appliances, and artificial limbs.

**Excess Coverage:** No benefits will be paid under the Intercollegiate Sports Injury Benefit for any medical expense incurred which has been paid or is payable by other valid and collectible insurance. This Excess Provision will not be applied to the first \$100 of medical expenses incurred. The Deductible Provision will also not be applied to the first \$50 of medical expenses incurred. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as the result of the Insured's failure to comply with Policy provisions or requirements.

### **COORDINATION OF BENEFITS**

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies. This Coordination of Benefits Provision will not be applied to the first \$100 of Covered Medical Expenses incurred. The Deductible will not be applied to the first \$100 of Covered Medical Expenses incurred.

### **EMERGENCY MEDICAL AND TRAVEL ASSISTANCE**

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

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

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

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

### **MANDATED BENEFITS**

The following benefits are mandated in the state of Pennsylvania. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits as required by the state in which the Policy is issued include: Alcohol Abuse and Dependency; Inpatient Detoxification; Childhood Immunizations; Coverage for cost of nutritional supplements/medical foods; Women's Preventive Services; Licensed Certified Nurse Midwife; Mammography; Mastectomy and Breast Cancer Reconstruction; Diabetes Equipment, Supplies and Services; Cancer Chemotherapy and Hormone Therapy; and Severe Mental Illness.

See the Policy on file with the school for further details on these benefits.

### **ADDITIONAL BENEFITS**

In addition to coverages shown on the Schedule of Benefits, the Policy provides benefits as outlined below. These benefits will be paid according to the Schedule of Benefits (Including \$50 per Sickness or Injury Deductible).

**Maternity Benefit:** Normal pregnancy and normal childbirth will be paid the same as any other Sickness. Benefits are limited to \$400 maximum for elective abortion.

Covered Medical Expenses include: 1) Physician's visits; 2) Diagnostic services; 3) Obstetrical/surgical procedures; 4) Hospital room and board, up to a minimum of forty-eight (48) hours inpatient care following normal vaginal delivery and ninety-six (96) hours following caesarean delivery. If the attending physician determines that the mother (and newborn) meet the medical criteria for and agree to an earlier discharge, coverage is provided for at least one (1) post-partum home health care visit within forty-eight (48) hours after an early discharge; 5) Hospital miscellaneous expenses; and 6) Routine well-baby care while the mother remains Hospital Confined. Coverage is provided for services performed by and facilities used by licensed certified nurse midwives. If the Insured Person's insurance should expire, the Policy will pay under this benefit providing conception occurred while the Policy was in force.

**Newborn Infant Coverage:** Newborn infants will be covered under the Policy for the first thirty-one (31) days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth

abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent. All coverage as to that child will terminate at the end of the first thirty-one (31) days after the child's birth.

**Maternity Testing:** There are certain maternity tests that may be routinely performed by your physician that may not be covered under the Policy. Please call the Claims Department at 1-800-633-7867 for additional information.

**Prescription drugs** to a maximum of \$750 per policy year after \$10 co-pay per 30-day supply generic drug prescription or refill and \$20 co-pay per 30-day supply brand name drug prescription or refill.

### **DEFINITIONS**

**COPAYMENT** means separate charge for certain Covered Medical Expenses, which is paid by the Insured Person.

**INJURY** means bodily injury due to an accident, which results directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury, which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**SICKNESS** means illness or disease of the Insured Person. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

**REASONABLE AND CUSTOMARY CHARGES** means a reasonable charge, which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the Policy for any expenses incurred which in the judgement of the Company are in excess of Usual and Customary Charges.

## **ENHANCED SUPPLEMENTAL BENEFIT**

An Enhanced Supplemental Benefit is available under the plan for an additional premium, subject to the enrollment conditions shown below.

When this optional benefit is purchased, payment will be made for 100% of Covered Medical Expenses incurred for an Injury or Sickness while insured and in excess of \$50,000 for any one Injury or Sickness, up to an additional Maximum Benefit of \$200,000 payable under this benefit. Covered Medical Expenses are those expenses for physicians, surgeons, hospital confinement up to the semi-private room rate, X-rays, laboratory and tests, nurses, prescribed drugs, casts, surgical dressings, use of an ambulance and other usual and customary medical expenses incurred for the care and treatment of injury or sickness, subject to the Exclusions and Limitations section. This optional benefit begins on the date the Basic Benefits begin, or the date premium is received, if later, and ends on the date the Basic Benefits end. The general terms and conditions of the Policy will apply to this optional benefit.

Only students insured for the Basic Benefits may purchase this optional benefit. Purchase must be made by 9/9/11 for the Annual and Fall Semester and by 1/27/12 (new student) for the Spring Semester by submitting the form attached at the back of the brochure with a check to University Health Plans.

## **EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a physician as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any Family Member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying Passenger in an aircraft operated by a commercial scheduled airline.

5. Elective plastic or cosmetic surgery other than; reconstructive surgery because of congenital disease or anomaly as provided for newborn or adopted infants; or reconstructive surgery resulting directly from an Injury which necessitated medical treatment within twenty-four (24) hours of the Accident.
6. Loss resulting from participation in an illegal occupation, riot, civil commotion, or committing or attempting to commit a felony.
7. Supplies, except as specifically provided in the Policy.
8. Suicide, or attempted suicide while sane or insane; or intentionally self-inflicted Injury.
9. Surgery and/or treatment for; acupuncture; alopecia; biofeedback-type services; breast implants or breast reduction; circumcision; foot care, including care of corns, calluses and bunions; gynecomastia; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, temporomandibular joint dysfunction; and sleep disorders, including supplies, treatment and testing thereof.
10. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, and surgery for removal of excess skin or fat.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Patient controlled analgesia (PCA).
13. Immunizations, services and supplies related to immunizations, preventive medicines or vaccines, except as specifically stated or where required for treatment of an Injury.
14. Surgery for the correction of refractive error and services in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as required for a repair due to and Accident in which the Covered Person's sustains an Injury.
15. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
16. Reproductive/infertility services including but limited to: birth control; family planning; fertility test; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance a Covered Person's reproductive ability; premarital

- examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery.
17. Outpatient Physical Therapy, except for a condition that required surgery or Hospital Confinement: 1) within the thirty (30) days immediately preceding such Physical Therapy; 2) within the thirty (30) days immediately following the attending Doctor's release for rehabilitation; or 3) when referred by the Policyholder's Student Health Center.
18. Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, or bungee jumping.
19. Services provided normally without charge by the Student Health services of the Policyholder.
20. Routine newborn infant care, well baby care and related Doctor charges, except as specifically provided for in the Policy.
21. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except where treatment is due to a covered Injury or as a result of the disease process. "Hearing defects," means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
22. Treatment of Injury resulting from any motor vehicle Accident to the extent covered by other valid and collectible insurance or third party action.
23. Nasal and sinus surgery.
24. Routine physical examinations and routine testing; preventative testing or treatment; and screening exams or testing in the absence of Injury or Sickness, except as specifically provided.
25. Services and supplies for conditions related to learning disabilities.
26. Services and supplies related to nicotine addiction.
27. After the first \$100, expenses which are reimbursable by any other valid and collectible insurance or plan, but such charges in excess thereof shall be covered as otherwise provided.

**CLAIM PROCEDURES**

In the event of an Injury or Sickness the Insured Person should:

1. Notify the Claims Administrator, Consolidated Health Plans, within thirty (30) days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
2. Complete a claim form in full. Claim forms are available by contacting Consolidated Health Plans at (800) 633-7867 or by accessing their website at [www.chpstudent.com](http://www.chpstudent.com) or visiting the Bursar's Office.
3. The completed claim form should be mailed within ninety (90) days from the date of the Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Consolidated Health Plans at the address listed below.
4. Itemized medical bills including prescription drug receipts (not the cash receipt) must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to Consolidated Health Plans. No additional claim forms are needed as long as the Insured Person's/Student's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

**Claims Administrator:**  
**Consolidated Health Plans**  
 2077 Roosevelt Ave  
 Springfield, MA 01104  
 Local: (413) 733-4540  
 Out of area: (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

**Servicing Broker:**  
**University Health Plans, Inc.**  
 One Batterymarch Park  
 Quincy, MA 02169  
 Local: (617) 472-5324  
 Out of area: (800) 437-6448  
[www.universityhealthplans.com](http://www.universityhealthplans.com)

Please visit our website for frequently asked questions and answers regarding this Plan, or email us at:

[info@universityhealthplans.com](mailto:info@universityhealthplans.com)

The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Master Policy shall control in the event of any conflict between the Mater Policy and this brochure.

**This plan is underwritten by**  
**Nationwide Life Insurance Company**  
 Columbus, Ohio

**Policy Number: 302-039-3709**

**For a copy of the Company's privacy notice, go to:**  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

**LEHIGH UNIVERSITY**

2011-2012 ENROLLMENT FORM

**Only students insured for the Basic Benefits may purchase the Enhanced Supplemental Benefit. Purchase must be made by 9/9/11 for the Annual and Fall Semester and by 1/27/12 (new student) for the Spring Semester.**

**Please note: Students who expect to graduate by the spring semester are eligible to purchase the annual coverage if they wish to be covered from their graduation to 8/08/12.**

**(Please print the following information.)**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

LIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street - Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Please check the appropriate box(es) for the type of enrollment and coverage desired.

<input type="checkbox"/> <b>Undergraduate Student</b>	<input type="checkbox"/> <b>Graduate Student</b>	<input type="checkbox"/> <b>Other</b> _____
<input type="checkbox"/> <b>Annual Student Enrollment</b> 8/08/11-8/08/12	<input type="checkbox"/> <b>Basic Coverage</b> \$1,520	<input type="checkbox"/> <b>Supplemental Benefit</b> \$365
<input type="checkbox"/> <b>Fall Only Student Enrollment</b> 8/08/11-1/09/12	<input type="checkbox"/> <b>Basic Coverage</b> \$678	<input type="checkbox"/> <b>Supplemental Benefit</b> \$365
<input type="checkbox"/> <b>Spring Student Enrollment</b> 1/09/12-8/08/12	<input type="checkbox"/> <b>Basic Coverage</b> \$1,001	<input type="checkbox"/> <b>Supplemental Benefit</b> \$365

2. Make your check or money order for the applicable premium payable to **Lehigh University**.
3. Mail this form with your check or money order to:

**Bursar's Office**  
**Lehigh University**  
 27 Memorial Drive West  
 Bethlehem, PA 18015-3093

Underwritten By:  
**NATIONWIDE LIFE INSURANCE COMPANY**

Method of Payment \_\_\_\_\_

*I have read and understand the ELIGIBILITY terms and conditions to enroll in this policy and once I enroll, the premium is non-refundable unless I fail to meet Eligibility requirements or I enter the Armed Forces.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date