

Student Health Insurance Plan

Designed for the Students of



RHODE ISLAND COLLEGE

2014-2015

Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-116-3812

Effective August 15, 2014 to August 14, 2015

Group Number: S211105

IMPORTANT NOTICE

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

NONDISCRIMINATORY

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

RHODE ISLAND COLLEGE

Dear Student,

The expense of unanticipated medical care as a result of an Injury or Sickness can jeopardize the ability of a student to continue her/his education. Insurance is a suitable means for protection against unplanned medical expenses. Rhode Island College is pleased to offer the Student Health and Accident Insurance Program described in this brochure. A committee composed of students and staff recommended this program for the 2014-2015 academic year.

All undergraduate degree students, pre-registered for nine (9) or more credit hours at the end of the initial Fall (August 5, 2014) or Spring (December 16, 2014) billing periods are automatically enrolled in this plan, and the cost of the insurance will be included on your tuition bill. Students registered for nine (9) or more credits after the initial Fall or Spring tuition billing will not be assessed the Insurance coverage. You may add the coverage by enrolling online at: www.universityhealthplans.com. If your status changes to fewer than nine (9) credits after you've been assessed the insurance charge, and you do not want the insurance, you must be sure to waive out of the insurance plan prior to the deadline date.

If you are currently insured under another policy and do not wish to have coverage under the college plan, you may waive out of the program and receive a refund. To waive out, students are required to access the Broker's website at www.universityhealthplans.com, and click on Rhode Island College to access the waiver link, and follow the instructions carefully.

FAILURE TO COMPLETE the on-line Waiver Form by the deadline, September 22, 2014, will result in your mandatory purchase of the College's Student Insurance Plan for the Fall 2014 Semester, without the possibility of later waiver, refund or cancellation. You will be able to waive out of the Student Insurance Plan by the deadline date of September 22, 2014, for either the Fall Semester or the entire academic year, if you have other insurance coverage that will insure you for the entire academic year. For the spring semester, the deadline to waive out is February 23, 2015. If you do not waive by the deadline, you will not be eligible for a refund.

Please Note: If your status changes to fewer than nine (9) credits after you've been assessed the insurance charge, and you do not want the insurance, you must be sure to waive out of the insurance plan prior to the deadline date.

All international students are required to carry insurance and are automatically enrolled in the College's Insurance Plan.

Part-time, non-degree, and graduate students, carrying a minimum of six (6) credit hours are encouraged to enroll in the Rhode Island College Insurance Plan. You may enroll on-line at www.universityhealthplans.com. Please note that the enrollment deadline dates are September 22, 2014 for the Fall Semester and February 23, 2015 for the Spring Semester.

Please examine this brochure carefully. If you need more specific information or answers to questions regarding the Insurance program, please contact the Servicing Broker at (800) 437-6448 or contact a member of the staff in the College Health Services Office.

Best wishes for a successful and happy academic year.

Sincerely,

Gary M. Penfield

Vice President for Student Affairs

RHODE ISLAND COLLEGE HEALTH SERVICES

(401) 456-8055

HOURS

Monday through Friday 7:30 a.m. to 5:00 p.m.

SUMMER SESSION HOURS

Monday through Friday 7:30 a.m. to 4:00 p.m.

Rhode Island College Health Services, located in the Browne Residence Hall, is an integral part of Student Services. The Health Services provides medical care to all students whether they are full-time, part-time or graduate students. The services provided by the College Health Services are not in any way connected with or underwritten by the Insurance Company.

STUDENT HEALTH SERVICES (SHS) REFERRAL REQUIRED

The Insured Student must use the resources of the College's Student Health Center when first seeking medical treatment. Many services can be provided at the Student Health Center free of charge, or at little cost. Treatment will either be administered at the Student Health Center or a referral to another facility will be given.

Prior approval for treatment received outside the Student Health Center is required; the necessary authorization forms are available at the Student Health Center. Expenses incurred for medical treatment received outside the Student Health Center without prior approval or referral, are excluded from coverage.

Student Health Center Authorization for treatment by an outside provider will not be required under the following conditions:

1. A Medical Emergency. However, the student must return to the Student Health Center for any needed follow-up care;
2. When the Student Health Center is closed;

3. When service is rendered at another facility during school break or vacation periods;
4. When medical service is received and the Insured is more than fifty (50) miles from campus;
5. When medical care is obtained and the Insured is no longer able to use the Student Health Center due to change in student status;
6. Maternity care; and
7. Treatment of Mental Illness.

PREFERRED PROVIDER INFORMATION

Visit www.phcs.com to locate a Preferred Provider.

You will receive maximum coverage for eligible services when you visit doctors, hospitals and other providers who belong to the PHCS Preferred Provider Network. Many primary care physicians (general practitioners, internists, family physicians and pediatricians) are members of the network and accept the PHCS allowance as full payment minus any applicable Co-payments subject to the provisions and limitations in the Policy. The PHCS Preferred Provider Network Directory will guide you to physicians and other health care providers who belong to the Network. If you receive services from a non-network provider in the service area, you are responsible for the full charge and for filing claims. Non-participating providers may charge more than our allowance. All percentages are based on PHCS Preferred Provider Network Allowance, not actual charges.

You may call the PHCS provider network at (866) 559-7427 toll free or you may visit the PHCS website at www.phcs.com. The participation of individual providers is subject to change without notice; it is the responsibility of the insured to verify participation of a provider at the time services are rendered.

ELIGIBILITY

Rhode Island College requires that all undergraduate students taking nine (9) or more credits participate in the school-sponsored Student Health Insurance Plan unless they provide proof that they participate in a health insurance program that provides comparable coverage. Coverage is mandatory for international students. Part-time, non-degree and graduate students may enroll in the plan on a voluntary basis. Rhode Island College's Student Health Insurance Plan is designed to meet student needs by providing coverage twenty-four (24) hours a day throughout the Policy period, from August 15, 2014 to August 14, 2015. The Plan is underwritten by Nationwide Life Insurance Company of Columbus, Ohio, and is serviced by University Health Plans, Inc. Please note that the waiver deadline dates are September 22, 2014 for the Fall Semester and February 23, 2015 for the Spring Semester.

To waive out, students will be required to complete the following steps:

1. Visit www.universityhealthplans.com.
2. Click on "Rhode Island College".
3. Click on "Waiver Form". You can waive the insurance for either the Fall Semester or for the entire year by selecting the correct option.
4. Fill in all the required information – if any information is missing, your waiver will NOT be submitted successfully.
5. Submit the Waiver Form. Within a few minutes after completing the waiver process, you will receive an email response indicating whether your form was submitted successfully. **Be sure to print the confirmation for your records, as this is the only documentation indicating that the form was submitted.** If the form is not submitted successfully, fill it out again and resubmit. If it still is not submitted successfully, contact University Health Plans via email (click on icon at bottom of webpage), or at (800) 437-6448 or (617) 472-5324.

WHY DO YOU NEED TO CONSIDER HEALTH INSURANCE?

Everyone does, including students. In today's environment, a single Injury or unexpected Sickness can drain a family's financial resources. The average hospital stay can exceed thousands of dollars. Your tuition dollars should not have to compete with medical bills.

PLAN COSTS

Coverage for Students:

	Fall Semester* 8/15/14-1/15/15	Spring/Summer Semester* 1/15/15-8/14/15
Student	\$909.00	\$909.00

*A \$24.50 per semester administrative fee is included in the above premiums, and is retained by the school.

REFUND OF PREMIUM

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school within the first thirty-one (31) days for other than medical withdrawals or entry into the Armed Forces. No other refund will be allowed.

DESCRIPTION OF BENEFITS

Payment will be allowed as shown on the Schedule of Benefits for covered medical expenses incurred for a Covered Injury or Sickness while insured under the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT (For Insured Students Only)

Principal Sum of Life	\$5,000
Sum of Dismemberment	\$1,000

Only one (1) benefit will be payable under this provision, that providing the largest benefit, when more than one (1) loss occurs as the result of any one (1) Accident. This benefit is payable in addition to any other benefits payable under the Policy. Loss must occur within ninety (90) days of date of Covered Injury.

PRESCRIPTION DRUG BENEFIT

Prescription Drugs: After a Co-pay of \$0 for generic contraceptives, \$15 for generic or \$35 for a brand name drug (per 30-day supply of a prescription or refill), the cost of prescription drugs is provided. The benefit includes asthma, allergy, diabetic supplies, and any birth control method.

Prescriptions may be filled at an "Express Scripts" Participating Pharmacy. You will be given an ID card to show the Pharmacy as proof of coverage. No claim forms need be completed once you receive this ID card. Until such card is received, you may fill prescriptions and be reimbursed by submitting a completed "Express Scripts" claim form. Claim forms can be obtained by calling Consolidated Health Plans at (800) 633-7867 or visiting their website at www.chpstudent.com. A directory of participating pharmacies is available by calling Express Scripts directly at (800) 451-6245.

Mail Order Drug Benefit Option is available for maintenance medications (those that are taken for long periods of time, such as drugs sometimes prescribed for heart disease, high blood pressure, asthma, etc.). Because of volume buying, Express Scripts, the mail order pharmacy, is able to offer Covered Persons significant savings on their prescriptions.

NOTE: Not all medications are covered. A complete list of exclusions may be obtained by calling Express Scripts directly at (800) 451-6245.

Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Refer to claim procedure for filing of claims.

NON-DUPLICATION OF BENEFITS

The Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Valid and Collectible Insurance. If the Covered Person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance in excess of \$100 will be determined before benefits will be paid by this Policy. This Policy is the

secondary payor to any other insurance having primary status or non-coordination or non-duplication of benefits provision.

Benefits paid by this Policy will not exceed: 1) any applicable Policy maximums, and 2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

STATE MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandates in accordance with Rhode Island Insurance Laws: Ambulance Services; Autism Spectrum Disorders; Cancer Therapy; Certified Counselors in Mental Health; Contraceptives; Cranial Prosthetics; Diabetes; Early Intervention; Enteral Formula; Hearing Aid Coverage; Home Health Care; Infertility Coverage Leukocyte Testing Expense; Lyme Disease Treatment; Mammography and Pap Smear; Mastectomy Reconstruction; Maternity Length of Stay; Mental Illness; Off-Label Drugs; Orthotic and Prosthetic Services; Pediatric Preventive Care; Prostate and Colorectal Cancer Screening; Services of Licensed Midwives; Scalp Hair Prosthesis; Substance Abuse and Alcoholism; Tobacco Cessation Treatment; and Screening for Lead Poisoning.

MEDICAL EVACUATION BENEFIT

If the Insured Student cannot continue his academic program because he sustains an Injury or becomes ill while Insured under the Policy we will pay for the Reasonable and Customary Charges incurred for a medical evacuation of the Covered Person to or back to the Covered Person's home country or country of regular domicile, subject to the Coinsurance, Deductible, Copayment, maximums and limits as stated in the Schedule of Benefits and subject to the Exclusions and Limitations provisions. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) days. Before we make any payment, we require written certification by the Doctor that the evacuation is Medically Necessary. Any expense for medical evacuation requires Our prior approval and coordination. Once evacuation is made outside the country, Coverage terminates.

REPATRIATION OF REMAINS BENEFIT

If the Covered Person dies while Insured under the Policy, We will pay for the Reasonable and Customary Charge incurred for embalming, and/or cremation and returning the body to his place of residence in his home country or country of regular domicile, subject to the Coinsurance, Deductible, Copayment, maximums and limits as stated in the Schedule of Benefits and subject to the Exclusions and Limitations provision. Expenses for repatriation of remains require the Policyholder's and Our prior approval. If you

are a United States citizen, your home country is the United States.

EFFECTIVE AND TERMINATION DATES

Coverage for the Fall Semester is effective at 12:01 a.m. on 8/15/14 and terminates at 12:01 a.m. on 1/15/15.

Coverage for new and returning students for the Spring Semester is effective at 12:01 a.m. on 1/15/15 and terminates at 11:59 p.m. on 8/14/15.

The deadline date for students to waive this coverage is 9/22/14 for the Fall Semester and 2/23/15 for the Spring Semester.

Except for medical withdrawal due to a Covered Injury or Sickness, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be allowed.

Insured Persons entering the Armed Forces of any country will not be covered under the Policy as of the date of such entry. A pro rata refund of the premium will be made for such person upon written request received by the Company within ninety (90) days of withdrawal from school.

A newborn child born to a covered student will automatically be covered under the Policy from the moment of birth for the first thirty-one (31) days following birth. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. Any adopted child will be covered on the same basis as a newborn child for the first thirty-one (31) days from the date of placement in the covered student's home by a licensed placement agency for purposes of adoption. A foster child will be covered for the first thirty-one (31) days from the date of filing of the petition to adopt, if the child has been residing in the Insured's home as a foster child for whom the Insured has received foster care payments. This benefit is only available for the first thirty-one (31) days following birth or placement of such child. **Coverage will terminate after thirty-one (31) days.**

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a Covered Injury or Sickness for which benefits were paid before the termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the completion of his/her Hospital Confinement as long as the condition continues for the duration of recovery but not to exceed twelve (12) months from the

expiration date of coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum policy benefit whichever occurs first.

DEFINITIONS

Covered Charge(s) or Covered Expense: As used herein means those charges for any treatment, services or supplies:

- for Preferred Providers, not in excess of the Preferred Allowance;
- for Out-of-Network Providers not in excess of the Reasonable and Customary expense; and
- not in excess of the charges that would have been made in the absence of this insurance; and
- not otherwise excluded under this Policy; and
- incurred while this Policy is in force as to the Covered Person.

Emergency Hospitalization and/or Emergency Medical Care means Hospitalization or medical care that is provided for a Covered Injury or Covered Sickness caused by:

1. The sudden, unexpected onset of a medical condition with acute symptoms of sufficient severity and pain as to require immediate medical care;
2. That in the absence of such care one could reasonably expect that the Insured's health would be placed in serious jeopardy; and/or
3. That there would be serious impairment of the Insured's bodily functions; and/or
4. That there would be serious dysfunction of any of the Insured's bodily organs or parts.

Hospital means an institution that:

1. Hospital: A facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians. It must be licensed as a general acute care Hospital according to state and local laws.
2. Hospital also includes an Ambulatory Surgical Center or ambulatory medical center, and a birthing facility certified and licensed as such under the laws where located.

Injury: Bodily Injury due to a sudden, unforeseeable, external event which results independently of disease, bodily infirmity or any other causes.

All Injuries sustained in any on Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Medically Necessary means medical and dental services, treatments or supplies that are:

1. Recommended by a Physician;
2. Consistent with accepted medical practice for the Injury or Sickness;
3. Generally considered by Physicians in the United States of America to be appropriate for the Injury or Sickness; and
4. Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties.

A medical or dental treatment will not be deemed Medically Necessary if any service, supply or treatment used or provided in connection with the Injury or Sickness is Experimental or Investigational in nature.

If services do not meet the criteria above or are not consistent with professionally recognized standards of care with respect to quality, frequency or duration, such services will not be deemed to be Medically Necessary.

Out-of-Pocket Maximum: The most You pay during a Policy Year before Your Coverage begins to pay 100%. This limit will never include Premium, balance-billed charges or health care Your Policy does not cover. Your Copayments (medical and prescriptions), Deductibles, and In-Network coinsurance will be used to satisfy the out-of-pocket.

Reasonable and Customary Expense means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; or
- The charge which would have been made by the Provider of medical services for a comparable service or supply made by other Providers in the same geographic area, as reasonably determined by Fair Health, Inc. for the same service or supply.

Sickness is an illness, disease or condition, including pregnancy and Complications of Pregnancy, that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

SUBROGATION

We will be fully and completely subrogated to the rights of a Covered Person against parties who may be liable to provide indemnity or make a contribution with respect to any matter that is the subject of a claim under this Policy.

The Covered Person further agrees to cooperate fully with the Company in seeking such indemnity or contribution including, where appropriate, when we are instituting proceedings at its own expense against such parties in the name of the Covered Person. The Covered Person further agrees that the Company will have lien to the extent of benefits provided. Such lien may be filed with the person whose act caused the Injury, the person's agent or a court having jurisdiction in the matter.

EXCLUSIONS AND LIMITATIONS

1. Expense incurred as the result of dental treatment, except as specifically provided under the Sickness Dental Expense. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth;
2. Services normally provided without charge by the College's Health Services infirmary or hospital, or by Health Care Providers employed by the college;
3. Eyeglasses, radial keratotomy, contact lenses; except for repair caused by a Covered Injury;
4. Cosmetic surgery, except as the result of an Injury occurring while this Plan is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect;
5. Elective treatment or elective surgery, except as specifically provided;
6. Accident occurring in consequence of 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 scheduled airline maintaining regular published schedules on a regularly established route;
7. Injury due to participation in a riot;
8. Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Law;
9. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed

Forces of any country, we will refund the unearned pro-rata premium to such Insured Person;

10. Treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance;
11. Injury resulting from the playing, practice, participating, or conditioning for any intercollegiate sport, contest or competition sponsored by the College, any professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
12. Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions or toenails;
13. Committing or attempting to commit a felony; or fighting, except in self defense;
14. Injury resulting from racing or speed contests, scuba diving, or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
15. Expenses incurred for vitamins;
16. Hair growth or removal, except as specifically provided;
17. Injury sustained as the result of a motor vehicle accident to the extent that benefits are recovered or recoverable under any other valid and collectible insurance;
18. Sexual reassignment surgery;
19. Temporomandibular Joint Dysfunction (TMJ); and
20. Under the Prescription Drug Benefit, any drug or medicine:
 - Obtainable Over the Counter (OTC);
 - for the treatment of alopecia (hair Loss) or hirsutism (hair removal);
 - for the purpose of weight control;
 - anabolic steroids used for body building;
 - sexual enhancement drugs;
 - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, [or treatment of acne] [except as specifically provided in this Policy];
 - treatment of nail (toe or finger) fungus;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - for an amount that exceeds a [30, 60, 90] day supply drugs labeled, "Caution – limited by federal law to Investigational use or Experimental Drugs;
 - purchased after Coverage under the Policy terminates;
 - consumed or administered at the place where it is dispensed;

- if the FDA determines that the drug is:
 - i. contraindicated for the treatment of the Condition for which the drug was prescribed; or
 - ii. Experimental for any reason.

CLAIM PROCEDURE

1. Itemized bills must be submitted within ninety (90) days from the date of treatment. The Covered Person's name and identification number need to be included.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

All medical bills should be submitted to Consolidated Health Plans.

There is no utilization review performed on this Policy.

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the address below. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within sixty (60) days by Consolidated Health Plans.

Translation services are available to assist insureds, upon request, related to administrative services.

QUESTIONS? NEED INFORMATION?

For general information on benefits, on how to enroll, or service issues, please contact:

University Health Plans, Inc.
 One Batterymarch Park
 Quincy, MA 02169-7454
 (800) 437-6448

Please visit our website for more information regarding this plan at: www.universityhealthplans.com or email us at info@univhealthplans.com.

For information on submitting claims or to check the status of a claim, please contact:

Consolidated Health Plans
 2077 Roosevelt Avenue
 Springfield, MA 01104
 (800) 633-7867
www.chpstudent.com
 Group Number: S211105

For information on **PHCS Provider Network**, please contact: PHCS at (866) 559-7427 toll free or visit the website at www.phcs.com.

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

The Plan is Underwritten By:
Nationwide Life Insurance Company
 Policy Number: 302-116-3812

This Brochure is intended only for quick reference and does not limit or amplify the coverage as described in the master Policy which contains complete terms and provisions. A copy of the master Policy is on file at the College.

DISCOUNT VISION PROGRAM

For vision discount benefits please go to:
www.chpstudent.com

EMERGENCY MEDICAL TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX 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: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

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. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

Rhode Island College - 2014-2015 SCHEDULE OF BENEFITS

	In-Network	Out-of-Network
Policy Year Maximum Benefit (includes Medical Evacuation & Repatriation)	Unlimited	
Deductible	\$50 for each Injury or Sickness (office visit copayments may be used to meet the deductible)	
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Student	N/A
Coinsurance	80% of Preferred Allowance (PA)	80% of Reasonable & Customary (R&C)
Treatment outside the United States	80%	
Preventive/Wellness & Immunization Services	100% of PA (deductible does not apply)	80% of R&C
Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)		
Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	80% of PA after \$15 co-pay per visit	80% of R&C after \$15 co-pay per visit
Diagnostic X-ray and Laboratory Services: Note: The per-condition deductible and co-pay are waived for lab work through Roger Williams Hospital that is referred by Health Services.	80% of PA after \$15 co-pay per visit	80% of R&C after \$15 co-pay per visit
Diagnostic Imaging, including CT Scan, MRI, and/or PET Scans	80% of PA	80% of R&C
Outpatient Private Duty Nursing	80% of PA	80% of R&C
Inpatient Services – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services	80% of PA	80% of R&C
Room and Board Expenses, at semi-private room rate, including general nursing care, and ICU	80% of PA	80% of R&C
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	80% of PA	80% of R&C
Skilled Nursing and Sub-Acute Care Facilities	80% of PA	80% of R&C
Surgical Services (Inpatient & Outpatient) - When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed.		
Surgeon's Fee	80% of PA	80% of R&C
Assistant Surgeon/ Anesthetist Services	80% of PA	80% of R&C
Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	80% of PA	80% of R&C
Organ transplants	80% of PA	80% of R&C
Obesity surgery	80% up to \$5,000, 60% thereafter	N/A
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
Maternity care and pre-natal services	Paid the same as any other Sickness	
Mental Conditions & Substance Abuse		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Office Visits	Paid the same as any other Sickness	
Testing and treatment for learning disabilities, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder and all related charges (including Prescription Drugs).	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care Facility (non Emergency) services	80% of PA	80% of R&C
Emergency services. Use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of a Sickness.	80% of PA after \$50 co-pay per visit	80% of R&C after \$50 co-pay per visit
Emergency Medical Transportation services	80% of PA	80% of R&C
Other Services		
Allergy Services (testing/injections/treatment)	80% of PA	80% of R&C
Habilitative and Rehabilitative therapy – including Physical, Speech, and Occupational	80% of PA	80% of R&C
Chiropractic	80% of PA	80% of R&C
Home Health Care - Note: The maximum We will pay is six (6) home or Physician's office visits per month, three (3) nursing visits per week, and twenty (20) hours of home health aide visits per week).	80% of PA	80% of R&C
Hospice	80% of PA	80% of R&C
Treatment of Infertility	80% of PA	80% of R&C
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	80% of PA	80% of R&C
Prescription Drug Expense <ul style="list-style-type: none"> • Only a thirty (30) day supply can be dispensed at any time • One (1) copayment per thirty (30) day supply • Copayments apply to the out-of-pocket • Prescriptions must be filled at an "Express Scripts" participating pharmacy. 	<ul style="list-style-type: none"> • \$0 Co-pay for generic contraceptives and wellness prescriptions; or • \$15 Co-pay for other generic prescriptions; or • \$35 Co-pay for any brand name prescription; or 	
Hearing Aids, up to \$1,500 per individual hearing aid, per ear, every three (3) years for an Insured Person under age 19; and \$700 per individual hearing aid, per ear, every three (3) years for an Insured Person over age 19.	80% of PA up to limit, 60% thereafter	
Elective Abortions	80% of PA up to \$150, 60% thereafter	
Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year.		
Dental Expenses, Injury to sound, natural teeth only	80% of PA	80% of R&C
Sickness Dental, \$45 per tooth not to exceed a \$200 maximum for the surgical extraction of impacted and infected wisdom teeth	80% of PA	80% of R&C