

# Student Health Insurance Program

Designed for the Students of  
**BARD COLLEGE AT SIMON'S ROCK**

**2012-2013**  
NATIONWIDE LIFE INSURANCE COMPANY  
Columbus, Ohio  
Policy Number: 302-045-2010  
Effective August 17, 2012 to August 17, 2013

 This health plan satisfies Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance. Please see page 2 for additional information.

**NOTICE: Your student health insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than Student Health Insurance coverage for the 2012/2013 policy**

**year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are \$100,000 for the 2012/2013 policy year. Your Student Health Insurance coverage has an aggregate Policy Year limit of \$100,000. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at 413-733-4540.**

#### 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.

#### INTRODUCTION TO STUDENT HEALTH BENEFITS FOR BARD COLLEGE AT SIMON'S ROCK

All college students in Massachusetts must have health insurance before entering college as set forth in MGL, Chapter 15A, Section 114.6, CMR 3.03. Simon's Rock students are provided with the College's Student Accident and Sickness Insurance Program underwritten by Nationwide Life Insurance Company. This policy provides primary coverage for eligible expenses up to \$500 for each accident or sickness. Medical Expenses greater than \$500 must then be submitted to any other available insurance benefit plan (parents' or guardians') for payment, after which balances may be submitted to the College plan for further consideration.

Simon's Rock mandates this coverage to ensure student's access to local providers and to reduce potential out of pocket charges for the treatment of minor accidents or illness.

#### ELIGIBILITY AND EFFECTIVE DATE

To be eligible for this Insurance Program, You must be enrolled as a full-time student carrying a course load equivalent to at least 3/4 full-time. **If You are eligible to be covered under this Program, You are automatically enrolled.**

You are enrolled in this Insurance Program only during the 31-day periods beginning with the start of the first and second semesters. If You are eligible for coverage and wish to enroll in the Program after these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal accident and health insurance coverage. Your effective date under this Program will be the date Your former insurance expired, if You make the request for coverage within 31 days after it expires. Otherwise, the effective date will be the 1<sup>st</sup> of the month following Your request. Your premium for this coverage must accompany the request.

#### MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

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 ([www.mahealthconnector.org](http://www.mahealthconnector.org)).

This health plan satisfies Minimum Creditable Coverage standards that are effective during the term of coverage as part of the Massachusetts Health Care Reform Law. If you purchase this

plan, you **will satisfy** the statutory requirements that you have health insurance meeting these standards.

THIS DOCUMENT IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.

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).

### PREMIUM

Premium for coverage must be received within the 31-day periods beginning with the start of the first and second semesters. The College collects this money as part of your tuition bill and pays the insurer to ensure coverage.

	Annual	Spring
	8/17/2012 - 8/17/2013	1/1/2013 - 8/17/2013
Student	\$810	\$558

### REFUND OF PREMIUM

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 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 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will be allowed.

Covered 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 premium will be made for such person upon written request received by the Company within 90 days of withdrawal from school. Refunds for any other reason are not available.

### TERMINATION OF COVERAGE

Your coverage will terminate on the earliest of one (1) of the following: upon entry into the armed forces of any country or; the end of the coverage period for which premium was paid or; the date the Policy terminates. No benefits are payable after termination, except as stated in the Extension of Benefits provision.

A Covered Person's coverage may be cancelled, or its renewal refused, only in the following circumstances: failure by the Covered Person or other responsible party to make payments under the Policy; misrepresentation or fraud on the part of the Covered Person; commission of acts of physical or verbal abuse by the Covered Person which pose a threat to providers or other insured's and which are

unrelated to the Covered Person's physical or mental condition; relocation of the Covered Person outside the Policy's service area; or non-renewal or cancellation of the Policy through which the Covered Person receives coverage or the Covered Person is no longer a student or Dependent.

No Covered Persons were involuntary disenrolled within the past 2 years.

### 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 as long as the condition continues but not to exceed 90 days after the Termination Date.

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

### DEFINITIONS

**Accident** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while a Covered Person is insured under the policy.

**Autism Spectrum Disorder** means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder, Asperger's disorder and pervasive developmental disorders not otherwise specified.

**Biologically-Based Mental Disorders** means those disorders described in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, referred to as "the DSM": schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia, affective disorders, eating disorders, post traumatic stress disorder, substance abuse disorders, autism, and any biologically-based mental disorders appearing in the DSM that are scientifically recognized and approved by the commissioner of the department of mental health in consultation with the commissioner of the division of insurance.

**Copayment** means a separate charge for certain Covered Medical Expenses which is paid by the Covered Person.

**Covered Medical Expense** means the Reasonable and Customary Charge for a service or supply, which is performed or given under the direction of a Doctor for the treatment of Injury or Sickness pursuant to the terms of the Policy.

**Covered Person** means You, insured under the Plan.

**Creditable Coverage** means any blanket or general policy of medical, surgical or health insurance, including the Policy; any policy of accident or sickness insurance that provides hospital or surgical expense coverage; any non-group medical, surgical or hospital insurance; any non-group or group hospital or medical service plan issued by a non-profit hospital or medical corporation; any non-group health maintenance contract issued by a health maintenance organization; any self-insured or self-funded employer group health plan; any health coverage provided to persons serving in the Armed Forces of the United States; or Medicare or Medicaid.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his or her license. The Doctor may not be a member of the Covered Person's immediate family. Doctor includes, but is not limited to, podiatrists, dentists, chiropractors, certified registered nurse anesthetist, nurse practitioner and certified nurse midwife.

**Emergency Medical Condition** means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of a Covered Person or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, serious jeopardy to the fetus.

A Covered Person has the option of calling the local pre-hospital emergency medical service system by dialing the emergency telephone access number 911, or its local equivalent, whenever a Covered Person is confronted with an Emergency Medical Condition which in the judgment of a prudent layperson would require pre-hospital emergency services. No Covered Person shall in any way be discouraged from using the local pre-hospital emergency medical services system, the 911 telephone number, or the local equivalent, or be denied coverage for medical and transportation expenses incurred as a result of such emergency medical condition.

**Experimental/Investigative services and charges:** Will not be considered experimental/investigative if successfully completed Stage III clinical trials of the United States Food and Drug Administration.

**Home Health Care** means part-time nursing care, by or supervised by, a registered graduate nurse; part-time home health aide service which consists mainly of caring for the patient; physical, occupational, respiratory or speech therapy; nutrition counseling; medical social services by a qualified social worker licensed by the jurisdiction where services are rendered; medical supplies, prosthetic and orthopedic appliances, rental or purchase of durable medical equipment, drugs and medicines obtainable by prescription only, including insulin, but only to the extent that such charges would have been considered covered expenses had the Covered Person required confinement in a hospital or in a skilled nursing facility.

**Hospice Care** means Doctor Services; nursing care provided by or under the supervision of a registered professional nurse; social services; volunteer services; and counseling services provided by a professional or volunteer staff under professional supervision.

**Injury** means bodily harm caused by an Accident, which results in loss. All Injuries sustained in one (1) Accident, including related conditions, will be considered one (1) Injury.

**Licensed Mental Health Professional** means a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed nurse mental health clinical specialist.

**Loss** means medical expense caused by Injury and Sickness and covered by the Policy.

**Mental Illness** means either the Biologically-Based Mental Disorders; or rape-related mental or emotional disorders for victims of a rape or victims of an assault with intent to commit rape; or a Non-Biologically Based Mental, Behavioral or Emotional Disorder of a Child or Adolescent Under the Age of 19; or all other mental disorders described in the most recent edition of the DSM.

**Non-Biologically-Based Mental, Behavioral or Emotional Disorders of a Child or Adolescent Under the Age of 19** means a disorder described in the most recent edition of the DSM which substantially interferes with or substantially limits the functioning and social interactions of such a child or adolescent; provided, that said interference or limitation is documented by and the referral for said diagnosis and treatment is made by the primary care Doctor, primary pediatrician, or a Licensed Mental Health Professional of such a child or adolescent or is evidenced by conduct, including, but not limited to: (1) an inability to attend school as a result of such a disorder, (2) the need to hospitalize the child or adolescent as a result of such disorder, or (3) a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others. The Policy shall continue to provide such coverage to any adolescent who is engaged in an ongoing course of treatment beyond the adolescent's 19th birthday until said course of treatment, as specified in said

adolescent's treatment plan, is completed and while the benefit contract under which such benefits first became available remains in effect, or subject to a subsequent benefits contract which is in effect.

**Pre-existing Condition** means a condition that manifested itself during the 6 months immediately preceding the Covered Person's effective date of coverage in such a manner as would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received.

Diagnosis, care or treatment shall not include any prior diagnosis of or prior treatment for infertility.

**Reasonable and Customary Charge (R&C)** means the usual amount charged by a Provider for a service or supply, regardless of insurance coverage, but not more than the amount charged by most providers in the same area for a similar service.

**Sickness (Sick)** means illness or disease which begins or for which expense is incurred while coverage is in force under the Policy. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of a Sickness will be considered one (1) Sickness.

**We, Our, or Us** means Nationwide Life Insurance Company.

**You, Your, Yours** means the insured student who is covered under the Policy.

#### **BASIC ACCIDENT AND SICKNESS EXPENSE BENEFITS**

The Policy will pay 80%, except as specifically stated, of Covered Medical Expenses incurred by a Covered Person due to a covered Sickness or covered Injury, up to a maximum benefit of \$100,000 per Policy Year. Covered Charges for Pre-Existing Conditions will be limited to a maximum payment of \$1,500 per Sickness or Injury. Payments made to providers shall be a percentage of the provider's fees, up to the Reasonable and Customary Charges. Covered Medical Expenses are considered incurred on the date the treatment or service is rendered or the supply is furnished. Covered Medical Expenses are:

**Hospital Room and Board** and general nursing care while hospital confined, up to the semi-private room rate or intensive care unit rate, if applicable.

**Miscellaneous Hospital Charges** incurred while hospital confined, including expenses for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; pre-admission tests; medicines or supplies; dressings; other non-room and board expenses; prescription drugs, excluding take-home drugs.

**Services of a private duty Registered Nurse or Licensed Practical Nurse.**

**Services of a Doctor during hospital confinement:** limited to one (1) visit per day. This benefit does not apply when related to surgery.

**Ambulance Expense:** 100% of the actual charge for use of an ambulance for an Emergency Medical Condition.

**Doctor's fee for surgery:** When more than one (1) surgical procedure is performed through the same incision or in immediate succession, the additional surgery will be covered at 50%.

**Services of an Anesthetist** who is not employed or retained by the hospital in which the surgery is performed, up to 30% of the amount paid the surgeon.

**Service of an Assistant Surgeon** required by the hospital, or by the procedure, up to 30% of the amount paid the surgeon.

**Second Surgical Opinion** by a board certified specialist in the medical field relating to the surgical procedure to be performed. Benefit includes x-rays and diagnostic tests when elective surgery is recommended. This benefit shall not exceed 5% of the amount paid to the surgeon.

**Outpatient Services** provided in a Doctor's office, Licensed Mental Health Professional's office, a community mental health center, home based services for Mental Illness, chiropractor visits, hospital or outpatient department or emergency room, clinical lab, radiological facility or similar facility licensed by the state, subject to the following per visit Copayments:

- Emergency room, with Student Health Service referral, not resulting in a hospital admission - \$0.
- Emergency room, not resulting in a hospital admission – \$35
- Outpatient department/clinic with Student Health Center referral - \$0.
- Outpatient department/clinic - \$35.
- Doctor's office visits - with Student Health Center referral - \$0.
- Doctor's office visits - \$10.

Physiotherapy treatments prescribed by a Doctor. The prescription must be for a stated number of treatments.

**Voluntary Termination of Pregnancy Expense:** If as a result of a pregnancy having its inception during the term insured, You have a voluntary abortion, We will pay 100% of the actual charge up to a maximum of \$250 per occurrence. Expenses for the voluntary abortion must be incurred while Your coverage under the Policy is in force. Your confidentiality will be observed.

**Prescription Drug Benefit:** Prescription drugs up to the Policy Year Aggregate maximum benefit. 100% after a \$10 Copayment per 30-day supply per prescription or refill of a generic drug (\$0 Copayment for generic contraceptives) and a \$25 Copayment per 30-day supply per prescription or refill of a brand name drug, and \$50 Copayment for non-formulary brand name drug, including hormone replacement therapy and contraceptive outpatient

prescription drugs or devices approved by the U. S. Food and Drug Administration. Coverage for a prescription drug will not be excluded for the treatment of cancer or HIV/AIDS on the grounds that the drug has not been approved by the U.S. Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one (1) of the standard reference compendia, in medical literature, or by the commissioner under the provisions of section forty-seven L. Prescription Drug coverage shall also include Medically Necessary services associated with the administration of the drug. Prescriptions must be filled at an "Express Scripts" Participating Pharmacy.

Insured Persons 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](http://www.chpstudent.com). A directory of participating pharmacies is available at Bard College at Simon's Rock or by calling Express Scripts directly at (800) 451-6245 or by logging onto [www.universityhealthplans.com](http://www.universityhealthplans.com).

**NOTE:** Not all medications are payable. Medications not covered by this benefit include, but are not limited to: vitamins, drugs whose sole purpose is to promote or stimulate hair growth (Rogaine, Propecia, Renova), and appetite suppressants. A complete list of exclusions may be obtained by calling Express Scripts directly at (800) 451-6245.

**High Cost Procedure Expense:** Covered Medical Expenses for high cost procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging, and Laser treatments are payable at 80% of the Reasonable & Customary Charge.

#### STATE MANDATED BENEFITS

**Note:** Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.

**Mental Illness Treatment for Biologically Based Mental Disorders;** rape-related mental disorders; and non-biologically based mental, behavioral or emotional disorders of children and adolescents under the age of 19 will be paid the same as any other Sickness, except the diagnosis and treatment of rape-related mental or emotional disorders will be paid only if the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victims. Treatment will consist of inpatient; intermediate and outpatient services that permit active and non-

custodial treatment to take place in the least restrictive clinically appropriate setting.

**Mental Illness treatment of all other Mental Disorders** which are described in the most recent edition of the DSM, consisting of inpatient, intermediate and outpatient services that permit active and non-custodial treatment to take place in the least restrictive clinically appropriate setting. Treatment is limited during each 12-month period for a minimum of 60 days inpatient treatment and 24 outpatient visits.

#### **Psychopharmacological Services and Neuropsychological Assessment Services Expense.**

Diagnosis and treatment of **Autism Spectrum Disorder (ASD)** to residents of MA, including the following medically necessary care prescribed, provided or ordered for an individual diagnosed with ASD by a licensed physician or licensed psychologist: "Habilitative or rehabilitative care", professional, counseling and guidance services and treatment programs, including, but not limited to, applied behavior analysis supervised by a board certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning or an individual.

"Pharmacy Care", medications prescribed by a licensed physician and health-related services deemed medically necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is provided by the policy for other medical conditions.

"Psychiatric care", direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

"Psychological care", direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

"Therapeutic care", services provided by licensed or certified speech therapists, occupational therapists, physical therapists or social workers.

Benefits for the diagnosis and treatment of Autism Spectrum Disorder may be subject to annual, lifetime dollar, or unit of service limitation but such limitations will not be less than those imposed for other comparable Sickness under this Policy.

Benefits that otherwise available to an individual under a health insurance policy will not be limited by us.

Coverage under this section shall not be subject to a limit on the number of visits a covered Person may make to an autism services provider.

**Cytological Screening And Mammogram:** Benefits will be provided for: one (1) annual cytological (pap smear) screening for ages 18 and over; a baseline mammogram for ages 35 through 39; and a mammogram every year for women age 40 and over.

**Early Intervention Services** delivered by certified early intervention specialists for children from birth until their 3rd birthday. **This benefit is only available during the 31-day newborn/adoptive coverage.**

#### **Home Health Care services.**

**Hospice Care:** services of a licensed hospice care agency which is furnished to a Covered Person at home, on an outpatient basis or on a back-up in-patient basis, as defined by the Department of Public Health.

**Cardiac Rehabilitation** for a Covered Person who has a documented cardiovascular disease. Multidisciplinary outpatient treatment will be provided in either a hospital or other setting. Treatment must meet standards promulgated by the Commissioner of Public Health and be initiated within 26 weeks after the diagnosis of the disease.

**Bone Marrow Transplant:** for treatment of metastatic breast cancer. If a bone marrow transplant is not available from a Preferred Provider, benefits will be paid at the Preferred Provider level for services rendered by a non-preferred provider.

**Non-prescription Enteral Formulas:** Coverage for nonprescription enteral formulas ordered by a Doctor for home use for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein.

**Diabetes:** diagnosis and treatment expense for treatment of insulin-dependent, insulin-using, gestational and non-insulin-dependent diabetes. Benefit includes expense for blood glucose monitors; blood glucose monitoring strips for home use; voice-synthesizers for blood glucose monitors for use by the legally blind; visual magnifying aids for use by the legally blind; urine glucose strips; ketone strips; lancets; prescribed oral diabetes medications that influence blood sugar levels; laboratory tests, including glycosylated hemoglobin, or HbA1c tests; urinary/protein/microalbumin and lipid profiles; insulin pumps and insulin pump supplies; insulin pens, so-called; therapeutic/molded shoes and shoe inserts for people who have severe diabetic foot disease when the need for therapeutic shoes and inserts has been certified by the treating doctor and prescribed by a podiatrist or other qualified doctor and furnished by a podiatrist, orthotist, prosthetist or pedorthist; supplies and equipment approved by the FDA for the purposes for which they have been prescribed and diabetes outpatient self-management training and education, including medical nutrition therapy.

**Diagnosis and treatment of infertility:** payable the same as any other Sickness up to \$1,500 per Policy Year. Infertility is a condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one (1) year. Benefit includes expense incurred for the following non-experimental infertility procedures: artificial insemination; in vitro fertilization and embryo placement; gamete intra-fallopian transfer; zygote intra-fallopian transfer; Intracytoplasmic sperm injection for the treatment of male factor infertility; and sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any. Coverage is not limited to sperm provided by the Covered Person's spouse.

**Scalp hair prosthesis expense:** for prosthesis worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia, payable up to \$350 per Policy year.

**Maternity expense:** to include expenses for prenatal care, childbirth and post partum care (including well baby care) on the same basis as any other Sickness. Benefit includes hospital inpatient care for 48 hours following vaginal delivery and 96 hours following a cesarean section. Any decision to shorten maternity stays shall be made by the attending Doctor in consultation with the mother, in accordance with regulations promulgated by the Department of Public Health. The Covered Person is entitled to one (1) home visit should they elect to participate in an early discharge.

**Special medical formulas:** for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or to protect the unborn fetuses of pregnant women with phenylketonuria.

**Emergency services:** expense for health care items and services furnished in an emergency department and all ancillary services routinely available to an emergency department to the extent they are required for stabilization of an Emergency Medical Condition.

**Human leukocyte antigen testing or histocompatibility locus antigen testing:** that is necessary to establish bone marrow transplant donor suitability. The coverage shall cover the costs of testing for A, B or DR antigens, or any combination thereof, consistent with rules, regulations and criteria established by the department of public health.

**Speech, Hearing and Language Disorders:** Diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists under the provisions of chapter 112, if such services are rendered within the lawful scope of practice for such speech-language pathologists or audiologists regardless of whether the services are provided in a Hospital, clinic or private office, payable the same as any other Sickness. Coverage shall not extend to the

diagnosis or treatment of speech, hearing and language disorders in a school-based setting.

**Breast Reconstruction Incident to Mastectomy:** Reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending Doctor and patient.

**Hormone Replacement Therapy:** for pre- and post-menopausal women.

**Outpatient Contraceptive Services:** including consultations, examinations, procedures and medical services related to contraceptive methods to prevent pregnancy approved by the U.S. Food and Drug Administration under the same terms and conditions for other outpatient services.

**Cancer Clinical Trials:** for Qualified Cancer Clinical Trials as defined in MA Chapter 257 subject to all other terms and conditions of the policy.

**Prosthetic devices and repairs** payable the same as any other durable medical equipment as defined in M.G.L. c. 175 §47Z(a).

**Wellness/Preventive & Immunization Expense Benefit-** 100% of expenses incurred for services provided by a Doctor.

**Durable Medical Equipment (DME)** will be provided up to 80% for Covered Medical Expenses.

#### EXCESS COVERAGE

No benefits are provided by the Policy for expenses which are reimbursable by any other valid and collectible insurance plan, but such charges in excess thereof shall be covered as otherwise provided. If a referral is obtained from the student health service, the first \$500 of covered expenses are paid on a primary basis.

This policy provides primary coverage for eligible expenses up to \$500 for each accident or sickness. Medical Expenses greater than \$500 must then be submitted to any other available insurance benefit plan (parents' or guardians') for payment, after which balances may be submitted to the Bard College at Simon's Rock plan for further consideration.

#### PRE-EXISTING CONDITIONS LIMITATION

(Does not apply to Dependent children under age nineteen (19).) Pre-existing Conditions are not covered for the first 6 months following the Covered Person's effective date of coverage under the Policy. Pregnancy shall not be considered a Pre-existing Condition. This limitation will not apply, if during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior Creditable Coverage for 6 consecutive months. Prior Creditable Coverage of less than 6 months

will be credited toward satisfying the Pre-existing Condition Limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person became eligible and applied for coverage within 63 days of termination of his or her prior coverage. The Covered Person must provide us with proof of Creditable Coverage.

#### EXCLUSIONS

**The Policy does not cover Loss nor provide benefits for:**

1. Expenses for daily hospital room and board higher than the usual semi-private room charge or higher than the usual charge for the Intensive Care Unit, if applicable.
2. Expenses incurred for medical services, treatments and supplies for which no charge would have been normally made in the absence of insurance.
3. Services normally provided without charge by Your Health Services, Infirmary or Hospital or any employees thereof.
4. Surgery for the correction of refractive error and services in connection with eye examinations, eye glasses or contact lenses or hearing aids, except as required for a repair due to an Accident in which You sustain an Injury.
5. Loss resulting from participation in an illegal occupation, riot, civil commotion or act of terrorism; or committing, or attempting to commit, a felony.
6. Elective plastic or cosmetic surgery, unless resulting directly from an Injury which necessitated medical treatment within 24 hours of the Accident. This exclusion does not apply to cosmetic surgery made necessary by an Injury.
7. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline.
8. Injury or Sickness resulting from war, declared or undeclared.
9. Injury sustained or Sickness contracted while in the armed forces of any country.
10. An occupational loss covered by any occupational benefit plan, Workers' Compensation Act or similar law.
11. Treatment, services or supplies received in a governmental hospital unless the Covered Person is legally obligated to pay such charges in the absence of insurance.
12. Expense incurred for treatment of injuries resulting from any motor vehicle accident to the extent covered by other valid and collectible insurance, or third party action.
13. Expenses, which are reimbursable by any other valid and collectible hospital or insurance plan, but such charges in excess thereof shall be covered as otherwise provided.
14. Pre-existing Conditions, except as specifically stated.

15. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
16. Expense incurred after coverage terminates subject to the extension of benefits.
17. Injury resulting from the play or practice of intercollegiate sports.
18. Injury resulting from skydiving, parachute jumping or hang gliding.
19. Services and charges that are determined to be Experimental/Investigational in nature.

**CLAIM PROCEDURE**

**In the event of Covered Injury or Sickness:**

1. Contact Your Student Health Services, if available
2. 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.
3. 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 claim correspondence should be submitted to the Claims Administrator shown below:

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
 2077 Roosevelt Avenue  
 Springfield, MA 01104  
 (413) 733-4540  
 Toll Free (800) 633-7867

You can access up to date information about your plan, including amendments, privacy notice and rights and responsibilities at [www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

**The Plan is underwritten by:**  
**NATIONWIDE LIFE INSURANCE COMPANY**  
**Policy Number: 302-045-2010**

Within 45 days following receipt of the appropriate documentation, we will either (1) make payment for the services provided, (2) notify the provider or claimant in writing of the reason or reasons for nonpayment, or (3) notify the provider or claimant in writing of what additional information or documentation is necessary to complete the claim filing. If we fail to comply, We are required to pay, in addition to any reimbursement for health care services

provided, interest on the benefits beginning 45 days after receipt of the properly documented claim at the rate of 1.5 percent per month, not to exceed 18 percent per year. These provisions do not apply to claims that a carrier is investigating because of suspected fraud.

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 above address. Include your name, phone number, address, school attended and email address, if available.

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

You have the right to appeal to the Office of Patient Protection at 1-800-7757, fax: 1-617-624-5046 or visit [www.state.ma.us/dph/opp](http://www.state.ma.us/dph/opp).

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

**Servicing Broker:**

University Health Plans, Inc.  
 One Batterymarch Park  
 Quincy, MA 02169-7454  
 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@univhealthplans.com](mailto:info@univhealthplans.com)

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

**VALUE ADDED SERVICES**

**EMERGENCY MEDICAL AND 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.**

**VISION DISCOUNT PROGRAM**

For Vision Discount Benefits please go to:  
[www.chpstudent.com](http://www.chpstudent.com)