

Student Health Insurance Program

Designed for the Students of



2014-2015

NATIONWIDE LIFE INSURANCE COMPANY

COLUMBUS, OHIO

Policy Number: 302-065-2912

Effective August 18, 2014 to August 18, 2015

Group Number: S210004

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.

THIS CERTIFICATE IS SUBJECT TO THE LAWS OF THE STATE OF NEW JERSEY.

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WHERE TO FIND HELP

For questions about:

- Insurance Benefits
- Claims Processing
- Lost ID Cards

Please contact:

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

For questions about:

- Enrollment
- Waiver/Enrollment Process

Please contact:

University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
Phone: (800) 437-6448
Fax: (617) 472-6419
www.universityhealthplans.com
Email: info@univhealthplans.com

Dear Students and Parents:

I am pleased to announce that Stevens has selected University Health Plans to provide the Student Health Insurance Plan for 2014-2015. This twelve (12) month plan is effective from August 18, 2014 to August 18, 2015. Full-time Students are automatically enrolled in the insurance plan and a premium for coverage is added to their tuition bill unless proof of comparable coverage is furnished. Students who have comparable insurance coverage can waive the student plan online by visiting www.universityhealthplans.com and selecting **Stevens Institute of Technology**. **The deadline to enroll in the Plan or to waive is August 29, 2014 for undergraduates and September 15, 2014 for graduates.**

We recommend that all students enroll in the Stevens Student Insurance Plan. The Student Insurance Plan ensures access to local health care and eliminates

requirements which may be in place when using family insurance or potential problems when using plans based outside of the US. Many families find it cost-effective and convenient to be enrolled in both the student plan and their family insurance plan. Varsity student-athletes are especially encouraged to enroll in the Stevens Plan. If you decide to waive the Stevens Plan, check with your private insurance company to ensure that you will have access to medical care while you are living in Hoboken.

Students who want the Student Health Insurance Plan should submit the online enrollment form to expedite processing their enrollment. Enrollments and waivers must be submitted online. No paper forms will be accepted. Students who enroll in or waive the Plan online will be able to print out a confirmation and will also receive an email confirmation. If full-time students do not submit a waiver by the deadline, they will be automatically enrolled in the Plan. For most students, including those with F1 visas, the annual premium is \$1,297. Benefits for international students meet US Government requirements. Enrolled students can also purchase this plan for their spouse/domestic partner and children. Students who are interested in purchasing dependent coverage should complete a dependent enrollment form from University Health Plans online at www.universityhealthplans.com or by calling directly at (800) 437-6448.

In addition to the Student Health Insurance Plan, Stevens is pleased to offer our students and their dependents a **Dental Insurance Plan (DeltaCare) and VSP Vision Plan**. You may enroll in these plans on a voluntary basis, they are not required insurance. The online enrollment form, plan benefit highlights, and a list of network providers can be found by visiting www.universityhealthplans.com and selecting **Stevens Institute of Technology** and then Deltacare or VSP Vision.

Should you have any questions about the online waiver process or benefits, please contact University Health Plans at (800) 437-6448.

I wish you all the best for the upcoming school year.

Sincerely,
Marguerite B. Cunning, BA, RN
Director of the Student Health Center

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at (800) 633-7867 or by visiting us at www.chpstudent.com.

ELIGIBILITY

Student means a full-time or part-time student enrolled in a degree-granting program at a school, who is not enrolled exclusively in online courses and whose enrollment does not consist entirely of Short-Term Courses. Home study, correspondence, online, and television (TV) courses do not fulfill the Eligibility requirements

Full-time students are automatically enrolled in the insurance plan and a premium for coverage is added to their tuition bill unless proof of comparable coverage is furnished. Students enrolled in Stevens' Cooperative Education program have full-time status. Students must actively attend classes (Co-op students are considered actively attending) for at least the first thirty-one (31) days after the date for which coverage is purchased.

Any Insured voluntarily withdrawing from school during the first thirty-one (31) days of the period for which Coverage is purchased, will not be covered under this Policy and a full refund of Premium will be made minus the cost of any claim Benefits made by Us. Insureds withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed except as otherwise specified herein.

The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund the premium.

Eligible students who enroll may also insure their Dependents. Eligible Dependents are the spouse/domestic partner and children up to age twenty-six (26) years, in addition to unmarried children up to thirty-one (31) years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the Insured Student.

Newborn Infant Coverage:

An Insured's newborn child is automatically covered from the moment of birth until such child is thirty-one (31) days old. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. However, the Insured must notify Us in writing within thirty-one (31) days of such birth and pay the required additional Premium, if any, in order to have Coverage for the newborn child continue beyond such thirty-one (31) day period.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 18, 2014. Coverage becomes effective on that date or the date application and full premium are received by the designated representative acting on behalf of the group insured for remittance to the Company, whichever is later. The Master Policy terminates at 12:01 a.m. August 18, 2015. Coverage terminates the end of the period through which premium is paid. Dependent coverage will not be effective prior to that of the Insured student. Refunds of premiums are allowed only upon entry into the armed forces.

If the Dependent is mentally or physically handicapped and incapable of sustaining employment, termination of his or her insurance will be waived. The Company must be furnished proof of these conditions within thirty-one (31) days after the child attains the limiting age for Dependents. 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 thirty-one (31) days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

The Policy is a Non-Renewable One (1) 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 this Certificate Termination Date should inquire regarding such coverage with the school.

HOW TO ENROLL

Premium for coverage for all eligible students is automatically added to their tuition bill unless proof of comparable coverage is furnished. Payment for full-time student coverage should NOT be made directly to the Company.

If you are interested in obtaining coverage for Your Dependents, please visit the website at www.universityhealthplans.com or call UHP at (800) 437-6448.

EFFECTIVE DATES AND PLAN COSTS

	Annual*	Spring*	1 st Summer*	2 nd Summer*
	8/18/14-8/18/15	1/8/15-8/18/15	5/15/15-8/18/15	7/14/15-8/18/15
Student	\$1,297	\$872	\$459	\$254
Spouse/ Domestic Partner	\$2,777	\$1,793	\$872	\$399
Child(ren)	\$2,076	\$1,359	\$672	\$327

*The above rates include an administrative fee retained by the servicing broker.

Please visit www.universityhealthplans.com to view the enrollment form for voluntary students and Dependents.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this Policy ceases on the Termination Date. However, if an Insured is:

- Totally Disabled 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 fifty-two (52) weeks after the Termination Date.
- Hospital Confined on the Termination Date from a covered Injury or Sickness for which Benefits were paid before the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid fifty-two (52) weeks or until date of discharge, whichever is earlier.
- Pregnancy resulting from conception prior to the date of discontinuance of the Policy will continue to be paid for a period of fifty-two (52) weeks or until date pregnancy ends, whichever is earlier.

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

This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other similar health insurance policy in the ensuing term of Coverage. Dependents that are newly acquired during the Insured's Extension of Benefits period are not eligible for Benefits under the provision.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED - STUDENTS ONLY

The student must use the services of the Student Health Center (SHC) first where treatment will be administered, or referral issued. A referral will be issued by visiting the Student Health Center. A referral from the Counseling Center is required for mental health services rendered outside the Counseling Center. Expenses incurred for treatment rendered outside of the SHC for which no prior referral is obtained will be paid at 70%.

A SHC referral for outside care is **not** necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
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 fifty (50) 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; or
6. Maternity.

Dependents are not eligible to use the SHC; and therefore, are exempt from the above limitations and requirements.

STATE MANDATED BENEFITS

This Plan will also pay any applicable Covered Medical Expenses for benefits mandated by New Jersey State Insurance Law, subject to Policy limits.

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.

- Mammography
- Wellness Health
- Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery
- Diabetes Treatment
- Childhood Immunizations
- Lead Poisoning Screening
- Alcoholism Treatment
- Home Health Care Expense
- Bone Marrow Transplant and Cancer Treatment
- Prostate Cancer Screening
- Second Surgical Opinion
- Third Surgical Opinion
- Maternity Stay
- Treatment of Wilm's Tumor
- Inherited Metabolic Disease
- Anesthesia and Hospitalization for Dental Services
- Home Treatment of Hemophilia
- Colorectal Cancer Screening
- Biologically Based Mental Illness
- Screening for Newborn Hearing Loss
- Treatment of Infertility
- Hearing Aids for Covered Persons Fifteen (15) Years or Younger
- Oral Anticancer Medication
- Sickle Cell Anemia
- Positron Emission Tomography
- Ovarian Cancer Screening
- Benefits for Treatment of Autism or Other Developmental Disability

COORDINATION OF BENEFITS PROVISION

If an Insured Person has medical and/or drug coverage under any other plan, all of the benefits provided are subject to coordination of benefits.

During any policy year or benefit period, the sum of the benefits that are payable by Us and those that are payable from another plan may not be more than the Allowable Expenses.

During any policy year or benefit period, We may reduce the amount We will pay so that this reduced amount plus the amount payable by the other plans will not be more than the Allowable Expenses. Allowable Expenses under the other plan include benefits which would have been payable if a claim had been made.

INTERCOLLEGIATE, INTRAMURAL AND CLUB SPORTS COVERAGE

Insured students who are members of and are participating in intercollegiate, intramural and club sports sponsored by Stevens Institute of Technology are covered for sports Injury, as follows:

Benefits will be paid for 100% of the Reasonable and Customary Charges incurred for the first \$2,000 of Covered Medical Expenses under the Basic Medical Expense Benefit. Benefits will then be paid at 80% of the Reasonable and Customary Charges incurred under the Major Medical Benefit.

Benefits for intercollegiate sports will be limited to \$90,000 per Injury per Policy Year. (Intramural and club sports are not included in this limitation.)

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

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion, heat exhaustion, fainting;
4. Hernia, regardless of how caused; or
5. Artificial aids such as crutches, braces, appliances, and artificial limbs.

For additional information contact the Athletic Director.

PREFERRED PROVIDER INFORMATION

By enrolling in this Insurance Program, you have access to the Magnacare PPO, providing access to quality health care at discounted fees.

In the case of an Emergency, if an Out-of-Network Provider is used, the In-Network percentage in the Schedule of Benefits will be applied.

A Covered Person is not required to seek treatment from a Preferred Provider. Each Covered Person is free to elect the services of a Provider and Benefits payable will be made in accordance with the terms and Conditions of this benefit.

To find a complete listing of Magnacare PPO Providers, go to www.magnacare.com. If you cannot locate your provider in the MagnaCare network, you can also access providers in the Multiplan PPO. Go to www.multipan.com to find a participating provider. Contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or www.chpstudent.com for additional assistance.

BASIC MEDICAL BENEFIT (Per Policy Year)

Benefits will be provided for an Insured Person at 100% (except outpatient charges, which are paid at 80%) of the Covered Medical Expense incurred, as shown in the Schedule of Benefits, for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$2,000 per Policy Year.

MAJOR MEDICAL BENEFIT (Per Policy Year)

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,000 per Policy Year has been paid by the Company. The Company will then pay 80% of additional incurred Covered Medical Expenses until the Out-of-pocket maximum amount has been met.

PRESCRIPTION DRUG BENEFIT

The Prescription Program is available through the Express Scripts Pharmacy Network. The Express Scripts Pharmacy Network includes national pharmacy chains, as well as local independent pharmacies.

After a \$0 co-payment for generic contraceptive drug, a \$10 co-payment for a 30-day supply of a generic drug or a \$25 co-payment for a 30-day supply of a brand name drug, a prescription will be reimbursed at 100% up to the policy maximum. Insured Persons will be given an ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving the ID card,

reimbursement will be made upon submitting a completed Rx claim form (claim forms can be obtained from Consolidated Health Plans.) To locate a participating Express Scripts Pharmacy, please call Consolidated Health Plans at 1-800-633-7867 or visit Express Scripts website at www.express-scripts.com. Not all medications are covered, for example vitamins or food supplements, drugs to promote hair growth or weight loss, and experimental drugs.

REPATRIATION

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of permanent residence in his home state, country or country of regular domicile, up to the benefit amount shown in the Schedule of Benefits, subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, the maximum Benefit limit shown above, and the Exclusions and Limitations provisions. 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. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.

MEDICAL EVACUATION

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured's home state, country, or country of regular domicile subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, and 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) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation

requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

DEFINITIONS

Accident: An event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

Biologically-based Mental Illness means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the Covered person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

Coinsurance: The percentage of the expense for which the Covered Person is responsible for a Covered Service. The Coinsurance is separate and not a part of the Deductible and Copayment.

Company: Nationwide Life Insurance Company. Also hereinafter referred to as We, Our and Us.

Copayment: A specified dollar amount a Covered Person must pay for specified Covered Charges.

Complication of Pregnancy means: 1) conditions required medical treatment prior to or subsequent to termination of pregnancy, whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity but shall not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and 2) non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

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.

Covered Person: A person:

- who is eligible for Coverage as the Insured or as a Dependent;
- who has been accepted for Coverage or has been automatically added;
- for whom the required Premium has been paid; and
- whose Coverage has become effective and has not terminated.

Dependent means the spouse/domestic partner (husband or wife) of the named Insured, and dependent, children including any child under age thirty-one (31) for which the named Insured is under court order to provide coverage. Children may remain Dependents as long as the adult child:

1. Up to twenty-six (26) years of age;
2. Is twenty-six (26) up to thirty-one (31) years old; and is unmarried; has no children; lives in New Jersey or, if not a New Jersey resident, is a full-time student; and is not eligible for Medicare and is not actually provided coverage under any other health benefits plan.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child continues to be both:

1. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. Chiefly dependent upon the Insured person for support and maintenance.

The term Domestic Partner or Partner is defined as a person who is in a relationship that satisfies the definition of a domestic partnership as set forth in the New Jersey Domestic Partnership Act.

Elective Surgery and Elective Treatment means those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's Effective Date of Coverage.

Emergency: A medical Condition which manifests itself by acute symptoms which are sufficiently severe (including, but not limited to, severe pain, psychiatric disturbances and/or symptoms of substance abuse) that a prudent lay person with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions, an Emergency exists where: there is inadequate time to affect a safe transfer to another Hospital before delivery; or the transfer may pose a threat to the health or safety of the woman or the unborn child.

Essential Health Benefits: Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

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.

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

Insured: The Covered Person who is enrolled at and meets the eligibility requirements of the Policyholder's school.

Medical Necessity means those services or supplies provided or prescribed by a Hospital or Physician which are:

- Required to meet the health care needs of the Covered Person; and
- Consistent (in scope, duration, intensity and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and
- Consistent with the diagnosis of the Condition; and
- Required for reasons other than the comfort or convenience of the Covered Person or Provider; and
- Of demonstrated medical value and medical effectiveness.

The Medical Necessity of being Hospital Confined means that the Insured cannot receive safe and adequate care as an outpatient.

This Policy only provides payment for services, procedures and supplies which in the judgment of the Company are a Medical Necessity. No benefits will be paid for expenses which are determined not to be Medical Necessity, including any or all days of the Hospital Confinement.

Mental Condition(s): Nervous, emotional, and mental disease, illness, syndrome or dysfunction classified in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) or its successor, as a Mental Condition on the date of medical care or treatment is rendered to a Covered Person.

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

Preferred Provider means a provider that has contracted with Us to provide services, as described in this Policy, through a Preferred Provider network arrangement, to be reimbursed at discounted fees.

Physician means a health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. the Insured Person;
2. a Family Member of the Insured Person; or
3. a person employed or retained by the Policyholder.

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

Prescription Drugs means 1) prescription legend drugs; 2) compound medications of which at least one (1) ingredient is a prescription legend drug; 3) any other drugs, including "off-label" use of FDA-approved drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

Prescription Drugs also means a drug prescribed for treatment which has not been approved by the Food and Drug Administration, if the drug is recognized as being medically appropriate for the specific treatment for which it has been prescribed in the: 1) American Medical Association Drug Evaluation; 2) American Hospital Formulary Service Drug Information; 3) United States Pharmacopoeia Drug Information; or is recommended by a clinical study or review article in a major peer-reviewed professional journal.

Prescription Drugs does not mean any experimental or investigational drug; or any drug which the FDA has determined to be contraindicated for the specific treatment for which the drug has been prescribed.

Reasonable and Customary Charges (R&C) mean 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; or
- The fee often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 80th percentile of Fair Health Inc. schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or indirectly through a third party, as described in the Preferred Provider Benefit provision. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge

Registered Nurse means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

Sickness means illness, disease, 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 similar condition will be considered the same Sickness.

Sound, Natural Teeth means natural teeth, the major portion of which are present, regardless of fillings.

Totally Disabled means a condition of a Named Insured which, because of Sickness or Injury, renders the Insured unable to actively attend classes. A totally disabled Dependent is one who is unable to perform all activities usual for a person of that age.

We, Our and Us: Nationwide Life Insurance Company.

You and Your: The Covered Person or Eligible Person as applicable.

EXCLUSIONS AND LIMITATIONS

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

1. Biofeedback services and supplies related to biofeedback;
2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Policy or for newborn children; hirsutism; nonmalignant warts, moles and lesions;
3. Dental treatment, except for accidental Injury to Sound, Natural Teeth or as provided herein;
4. Elective surgery and elective treatment; elective abortion;
5. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
6. Patient controlled analgesia (PCA);
7. Loss sustained or contracted as a consequence of the Insured Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a Physician;
8. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or

- Occupational Disease Law or Act, or similar legislation;
9. Participation in a riot or civil disorder;
 10. Premarital examinations: vasectomy; sexual reassignment surgery; impotence, organic or otherwise; except as specifically provided in the Policy;
 11. Routine Services or supplies for foot care including care or corns, bunions (except capsular or bone surgery) and calluses;
 12. Services provided normally without charge;
 13. Services, supplies and/or treatment for acne; acupuncture; or alopecia;
 14. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; nasal and sinus surgery;
 15. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline or chartered aircraft only while participating in a school sponsored intercollegiate sport activity;
 16. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
 17. Supplies, except as specifically provided in the Policy;
 18. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices; or gynecomastia; other than as specifically provided in the Policy;
 19. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 20. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses, except when due to a disease process or as provided for under age 19;
 21. Custodial care;
 22. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered);
 23. Weight management services and supplies related to weight reduction programs, weight management programs (except counseling), related nutritional supplies, and surgery for removal of excess skin or fat.

CLAIM PROCEDURE

In the event of Covered Accident or Sickness:

1. Contact Your Student Health Services, if available.
2. If Student Health Services is not available, determine whether a Preferred Provider is located close by for treatment at reduced cost to You. Your plan includes the MagnaCare Preferred Provider Organization (PPO). Go to www.magnacare.com to locate a preferred provider.
3. Itemized billings (Written Proof of Loss) should be submitted by Your health care provider or the Covered Person within ninety (90) days of treatment, or as soon as reasonably possible.

All Claim forms 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
www.chpstudent.com
Group Number: S210004

**The Plan is underwritten by:
Nationwide Life Insurance Company**
Policy Number: 302-065-2912

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

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 sixty (60) days by Consolidated Health Plans. Translation services are available to assist insureds, upon request, related to administrative services.

VALUE ADDED BENEFITS

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

NURSE HOTLINE FOR STUDENTS

Students should consult the Student Health Center for medical advice.

Additionally, for quick, sound medical advice from specially trained Nurses 24 hours a day, 365 days per year, call the Nurse Hotline toll free at 800-557-0309

This is your Temporary ID card

Detach and Retain for your Records

The Permanent ID Card Will Follow.

2014-2015 Identification Card

Consolidated Health Plans

2077 Roosevelt Avenue

Springfield, MA 01104

800-633-7867 www.chpstudent.com

Insured (Name of Student)

If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

Stevens Institute of Technology

Policy Number: 302-065-2912