

# Student Accident and Sickness Insurance Program

Designed for the  
Students of




**Suffolk University**  
2008-2009

**Nationwide Life Insurance Company**  
Columbus, Ohio

**Policy Number: 302-017-2006**

Effective August 21, 2008 to August 21, 2009  
(Law Students 8/10/08 – 8/10/2009)

 This health plan **meets Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance. Please see page 5 for additional information.

### 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.

### WHERE TO FIND HELP

#### For questions about:

- Insurance Benefits
- Claims Processing
- Lost ID Cards

Please contact:

Consolidated Health Plans  
2077 Roosevelt Avenue  
P.O. Box 1998  
Springfield, MA 01101-1998  
(800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

If you need medical attention before you receive your ID card, inform your healthcare provider that your insurance administrator is Consolidated Health Plans. Benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

#### 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](http://www.universityhealthplans.com)  
Email: [info@univhealthplans.com](mailto:info@univhealthplans.com)

#### For questions about:

- On-campus Health Services

Please contact:

Suffolk University Health Services  
73 Tremont Street, 5<sup>th</sup> Floor  
Boston, MA 02108  
Phone: (617) 573-8260  
Fax: (617) 305-1745  
Medical Claim Forms and Pharmacy Claim Forms are also available at Health Services.

### For questions about:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs

Please contact:

Express Scripts  
(800) 451-6245

### SUFFOLK UNIVERSITY STUDENT HEALTH INSURANCE PLAN

The Suffolk University Student Health Insurance Plan has been developed especially for eligible Suffolk students. The Plan provides coverage for Accident and Sickness that occur on and off campus, and includes special cost-saving features to keep the coverage as affordable as possible. Suffolk is pleased to offer the Plan, as described in this brochure, to students.

### PRIVATE HEALTHCARE SYSTEMS, INC. (PHCS) PREFERRED PROVIDER NETWORK

By enrolling in this Insurance Program, you have the PHCS Preferred Provider Network, except in the Western Massachusetts Counties of Hampden, Hampshire, Berkshire and Franklin where you have the Consolidated Health Plans (CHP) Preferred Provider Network, available to You and Your Dependents, if any, throughout Massachusetts, providing access to quality health care at discounted fees. A complete listing is available at [www.phcs.com](http://www.phcs.com) or [www.chpstudent.com](http://www.chpstudent.com).

A Preferred Provider may require a Covered Person to pay an annual fee for inclusion within the Preferred Providers panel of patients. Any services that are represented to be a part of the Preferred Provider's annual service agreement are part of that separate agreement and are not part of this Insurance Program.

**THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER**, but if a Covered Medical Expense is incurred through a Preferred Provider, the Program will pay:

- For covered Doctor's office visits, including Licensed Mental Health Professionals, 100% of the fees after payment of a \$10 Co-payment per visit if referred by Suffolk University Health Services. If no referral, payment is at 80% for students only.
- For covered medical treatments other than Doctor's office visits, including Licensed Mental Health Professionals, 80% of the discounted fee, meaning that the 20% share of the fee is also discounted.

#### Payments are subject to:

- An aggregate maximum benefit and to internal maximum benefits;
- Limits as stated in the Policy Schedule of Benefits;
- Terms and conditions of the Policy and any Exclusions.

As an Insured Student with health benefits through Suffolk University, You will receive maximum benefits under the Policy when You use a PHCS PPO Provider, or in the Western Massachusetts Counties of Hampden, Hampshire, Berkshire and Franklin, a (CHP) Preferred Provider.

If a Preferred Provider is not available in a particular area or specialty, the Policy will cover at the Preferred Provider level until a provider has been added.

Coverage will be provided at the Preferred Provider level for a provider who is not a Preferred Provider for the first 30 days from the effective date of coverage if a Covered Person is undergoing an ongoing course of treatment or the provider is the Covered Person's primary care provider.

If the Covered Person is a female who is in her 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy and whose provider in connection with her pregnancy is involuntary disenrolled, other than disenrollment for quality-related reasons or fraud, treatment will be allowed with said provider, according to the terms of the Policy, for the period up to and including the Covered Persons first postpartum visit.

If a Covered Person is terminally ill and the provider in connection with said Sickness is involuntarily disenrolled, other than for quality related reasons or fraud, the Covered Person will be allowed to continue treatment with said provider, according to the terms of the Policy, until the death of the Covered Person.

Continued coverage is conditioned upon the provider agreeing to:

- Accept reimbursement at the rates applicable prior to notice of disenrollment as payment in full and not to impose cost sharing with respect to the Covered Person in an amount that would exceed the cost sharing that could have been imposed if the provider had not been disenrolled; and
- Adhere to the Policy's quality assurance standards and to provide necessary medical information related to the care provided; and
- Adhere to Our policies and procedures.

Physician profiling information may be available from the Board of Registration in Medicine for physicians licensed to practice in Massachusetts.

We will provide coverage for pediatric specialty care to Covered Persons requiring such services, including mental health services, by a person with recognized expertise in specialty pediatrics.

Suffolk University has directories listing PHCS Preferred Providers and Consolidated Health Plans Preferred Providers, or call PHCS at 1-866-559-7427 or Consolidated Health Plans at (413) 733-4540 or toll-free at (800) 633-7867 for assistance.

## ELIGIBILITY AND EFFECTIVE DATE

To be eligible for this Insurance Program, You must be enrolled as a full-time student or 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 unless You can certify that You have comparable coverage. All international students are required to participate in this program.**

You may enroll in this Insurance Program only until the end of 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. 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 meets **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.

### TERM OF COVERAGE

The insurance under Suffolk University's Student Accident and Sickness Insurance Plan for the Annual Policy is effective at 12:01 a.m. on August 10, 2008 for Law Students and August 21, 2008 for all other students. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the Company or Servicing Agent, whichever is later. The Annual Policy terminates at 12:01 a.m. on August 21, 2009 and August 10, 2009 for Law Students or at the end of the period through which the premium was paid. For new students registered for the Second Semester, coverage is effective at 12:01 a.m. on January 1, 2009 or the date the application and full premium are received by the Company or Servicing Agent, whichever is later and terminates at 12:01 a.m. on August 21,

2009 and August 10, 2009 for Law Students or at the end of the period through which the premiums are paid.

The deadline for students to waive this coverage is September 15, 2008 for annual coverage and February 14, 2009 for second semester coverage.

### WAIVER/ENROLLMENT PROCESS

All eligible students must complete an enrollment/waiver form by logging onto [www.universityhealthplans.com](http://www.universityhealthplans.com) by the specified deadline dates (see below). Eligible students will be automatically enrolled in the Policy unless the enrollment/waiver form has been submitted by the following deadline dates:

Student enrolling in Annual Policy	September 15, 2008
New Second Semester Students	February 14, 2009

If the waiver form is not received by these dates, State Law requires that Suffolk University Automatically enroll you in, and bill you for, the Student Health Insurance Plan.

### COST OF INSURANCE

Premium for coverage must be received within the 31-day periods beginning with the start of the first and second semesters.

<b>Domestic &amp; J1 Visa Students</b>	<b>Annual</b>	<b>Spring</b>
Student	\$1,490*	\$913*
Spouse	\$5,335	\$3,500
One Child	\$1,535	\$965
Two or more children	\$3,050	\$1,998

\* Student premium rates include an administration fee.

\* Insurance is available on an Annual Basis or Spring Semester Coverage, which is for new/transfer Second Semester students only.

### 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 semester 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 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 insureds 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 involuntarily dis-enrolled within the past 2 years.

## COVERAGE FOR DEPENDENTS

If You are covered under the Policy, coverage may be purchased for Your eligible Dependents. Your Dependents will be covered for the same benefits for which You are covered. Dependent coverage, if any, begins and ends with Your coverage.

A Dependent newborn child will be automatically covered under the Policy from the moment of birth until the 31st day following birth. During the 31-day period, we must receive written notice of the birth and the required premium must be paid.

Coverage for newly born infants and adoptive children shall consist of Injury or Sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities or premature birth including the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by the regulations of the department of public health.

## 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 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.

**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, 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.

**CHP Preferred Provider** means a provider in the Consolidated Health Plans network who contracts to provide services at a discounted rate.

**Co-payment/Deductible** 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 or a Dependent 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.

**Dependent** means a person who resides with You and is Your legal spouse; unmarried child(ren) under age 26 who are/is financially dependent on You. The term child includes a stepchild, a foster child, an adopted child and a child legally placed with You, as a prospective adoptive parent, even if the adoption has not been finalized; and child, despite attaining age 26, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and dependent on You for financial support.

**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, certified nurse midwife, and physician assistant.

**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; 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 addition 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.

**PHCS Preferred Provider** means a provider in the Private Healthcare Systems network who contracts to provide services at a discounted rate.

**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.

**Preventive Care Services** means services rendered to a Dependent child from the date of birth through the attainment of six (6) years of age and shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six (6) times during the child's first year after birth, three (3) times during the next year, annually until age six (6). Such services shall also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Doctor.

**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, or Yours** means the Insured Student.

#### **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

This insurance coverage provides Accidental Death and Dismemberment coverage.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds of up to a maximum of \$10,000 (Exclusions and limitations may apply. For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech, or hearing, please refer to your master policy available at your school.)

To file a claim for Accidental Death and Dismemberment, please contact Consolidated Health Plans, Inc. at (800) 633-7867 for the appropriate claim forms.

#### **MEDICAL EVACUATION EXPENSE**

If as the result of a Covered Injury or Sickness, a Covered Person was hospital confined for a minimum of five (5) days, and must be transported to their country or state of origin, the Policy will pay up to \$40,000. Such evacuation will require prior approval of both the attending doctor and the Company. With respect to International Students, all coverage ends under the Policy once the evacuation takes place.

#### **REPATRIATION OF REMAINS EXPENSE**

If a Covered Person dies as the result of a Covered Injury or Covered Sickness, the Policy will pay up to \$20,000 for the preparation and transportation of the body to the country or state of the Covered Person. This benefit does not pay for any person accompanying the body.

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

If you are under the Student Health Insurance Plan, it is to your advantage to first seek treatment at Student Health Services in order to reduce your out-of-pocket expenses. Failure to obtain a referral from Student Health Services may result in a reduction of benefits.

Payment will be made as specified below, for 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 Sickness or Injury.

The Plan will always pay benefits in accordance with any applicable Commonwealth of Massachusetts Insurance Law(s).

Covered Medical Expenses for a Pre-Existing Condition are payable to a maximum of \$10,000 per Policy Year.

Payments made to non-preferred providers shall be a percentage of the provider's fees, up to the Reasonable and Customary Charge, and not a percentage of the amount paid to Preferred Providers. 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:** Hospital room and board and general nursing care while hospital confined, subject to the semi-private or intensive care unit rate, if applicable; 100% PPO rate, 80% non-PPO, Subject to a \$250 in-patient co-pay/Deductible.

**Miscellaneous Hospital Expenses:** Covered Medical Expenses include, but are not limited to: operating room, laboratory tests, X-rays, oxygen tents, dressings, anesthesia and medicines; 100% PPO rate, 80% non-PPO.

**In-Hospital Doctor's Expense:** Services of a Doctor during hospital confinement. This benefit does not apply when related to surgery; 100% of the PPO rate or 100% of the R&C amount (for non-PPO) for the first \$2,000 of Expenses, then 80%.

**Convalescent Facility Inpatient Expense:** Covered Medical Expenses for room and board incurred during a period of convalescent care and confinement are payable up to \$75 per day, for a period not to exceed 10 days for any one (1) covered Accident or any one (1) covered Sickness.

**Ambulance Expense:** Covered Medical Expenses are payable at 100% of the Actual Charge to a maximum of \$250 per trip for the use of an ambulance for an Emergency Medical Condition to or from the hospital.

**Surgical Expense In and Outpatient:** Covered Medical Expenses for charges for surgical services performed by a Doctor are payable at 80% of the PPO rate or 80% of R&C up to a maximum benefit of \$5,000 per surgical procedure.

**Anesthetist and Assistant Surgeon Expenses In and Outpatient:** Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure are payable up to 30% of the amount paid to the surgeon.

**Outpatient Surgical Hospital Miscellaneous Services:** Covered Medical Expenses are payable at 80% of the Actual Charge to a maximum benefit of \$5,000 per condition for exams, lab tests, X-rays, anesthesia, use of operating room, medicines and any other necessary hospital treatment (except personal services) while being treated as an outpatient surgery patient.

**Second Surgical Opinion Expenses In and Outpatient:** for a written second opinion in the medical field relating to the pending surgery, payable at 80% of the PPO rate or 80% of R&C (for non-PPO) up to a maximum benefit of \$250.

**Outpatient Miscellaneous Expense:** 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.

#### 1. Physicians' Office Visit Expenses:

Students: with referral from Health Services,

- In-Network 100% of the discounted charge with a \$10 per visit co-pay;
- Out-of-Network 80% of R&C, with a \$10 per visit Deductible.

Students: Without referral,

- In-Network 80% of the Discounted rate with a \$10 per visit co-pay;
- Out-of-Network 60% of the R&C with a \$30 per visit deductible.

Dependents:

- In-Network 100% of the discounted rate with a \$10 per visit co-pay;
- Out-of-Network 80% of R&C with a \$30 per visit Deductible

2. **Emergency Room Expenses:** For an Emergency Room visit that does not result in an admission, Students In and Out of Network 80% of the discounted rate or R&C, with a \$50 co-pay/Deductible.

- Dependents-80% of the discounted or R&C rate with a \$75 co-pay/Deductible

3. **Outpatient Hospital Expenses:** Covered Medical Expenses include, but are not limited to: durable medical equipment, Physicians' services and outpatient department services and administration of intravenous medication.

- Students with referral In-Network 80% of discounted rate, no co-pay. Out-of-Network 80% R&C with a \$50 Deductible.
- For a Student with no referral or a Dependent-80% of the discounted or R&C Charge with a \$50 Co-pay/Deductible.

4. **Outpatient X-ray and Lab Expenses:** If provided by Health services paid at 100%. Otherwise, for Student and Dependent paid at 80% of the discounted or R&C Rate with a \$50 co-pay/Deductible.

**Physiotherapy Expenses:** Physiotherapy treatments prescribed by a Doctor. The prescription must be for a stated number of treatments, payable at 100% of the discounted or R&C rate, up to \$45 per visit and \$500 per Accident or Sickness per Policy Year.

**Prescription Drug Benefit:** Prescription drugs to a maximum of \$1,200 per policy year after a \$10 co-pay per prescription or a refill of a generic drug and a \$25 co-pay per prescription refill of a 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 of the standard reference compendia, in medical literature, or by the commissioner under the provisions of section forty-seven L of the Massachusetts General Laws. Prescription Drug coverage shall also include Medically Necessary services associated with the administration of the drug.

The prescription drug benefit includes mental health and hormone therapy for transgender transition.

Prescriptions must be filled at an "Express Scripts" Participating Pharmacy.

Covered 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, 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, allergy serum, drugs whose sole purpose is to promote or stimulate hair growth (Rogaine, Propecia, Renova), appetite suppressants and smoking deterrents. A complete list of exclusions may be obtained by calling Express Scripts directly at (800) 451-6245.

**Voluntary Termination of Pregnancy Expenses:** Covered Medical Expenses for an elective abortion, which terminated a pregnancy having its inception during the term insured, will be payable at 80% of the discounted rate or R&C, to a maximum of \$400.

This benefit is in lieu of all other Policy benefits.

**Durable Medical Equipment Expenses:** Payable at 80% of the Discounted or R&C rate. Also includes scalp hair prosthesis worn for hair loss suffered as the result of any form of cancer or leukemia.

**Learning Disability Diagnostic Expense:** Payable at 80% of the Actual charge for diagnostic testing up to a Policy Year maximum of \$1,000. Students must receive an evaluation from either Student Health Services or the Counseling Center before seeking services. *Treatment of Learning Disabilities* is not covered.

**Accidental Dental Expense:** Covered Medical Expenses for treatment of accidental injury to sound natural teeth are payable at 80% of R&C, up to \$200 per tooth.

**Sickness Dental Expense:** Covered Medical Expenses are payable at 80% of R&C for the removal of impacted or infected wisdom teeth, up to \$100 per tooth.

**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 negotiated charge (in-network) or 80% of Reasonable and Customary Charge (out-of-network) to a maximum of \$2,000 per Accident or Sickness.

**Mental Illness:** Mental Illness treatment for biologically based mental disorders; rape-related mental or emotional 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, including transgender, which are described in the most recent edition of DSM consisting of inpatient, intermediate and outpatient services that permit active and noncustodial 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.**

**Treatment of Alcoholism and Chemical Dependency:**

- **Inpatient:** Confinement in a hospital or in any other public or private facility providing services especially for detoxification or rehabilitation and which is licensed by the department of public health, or in a residential alcohol treatment program, up to 60 days in any calendar year.
- **Outpatient:** Outpatient services furnished by a hospital or by any public or private facility or portion thereof providing services especially for the rehabilitation of intoxicated persons or alcoholics, up to 24 visits per Policy Year.

**Cytological Screening and Mammogram:** Benefits will be provided for: one (1) 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

**Note:** Covered Medical Expenses for mammograms and routine Pap smear screenings are payable at 100% when services are obtained through the Suffolk University Health Services.

**Home Health Care services:** are payable at 100%.

**Hospice Care services:** of a licensed hospice care agency which are 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:** up to \$2,500 per policy year for non-prescription enteral formulas 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.

**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; insulin; insulin syringes; 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. 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 home visit should they elect to participate in an early discharge.

**Preventive Care services:** expense for Dependent children from the date of birth through the attainment of six (6) years of age.

**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.

**Early Intervention services:** Early intervention services delivered by certified early intervention specialists for children from birth until their 3<sup>rd</sup> birthday, up to \$5,200 per year and an aggregate benefit of \$15,600 over the total enrollment period. Payable at 80% of actual charges.

**Newborn Hearing Screening:** Hearing screenings for newborns means services rendered to a dependent child of a Covered Person for hearing tests performed before the newborn infant is discharged from the hospital or birthing center. Covered Medical Expenses are payable at 80% of the Actual Charge.

**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. If a Covered Person receives emergency services and cannot reasonably reach a Preferred Provider, payment for emergency services will be at the same level and in the same manner as if the person had received treatment by a preferred provider.

**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 peri- 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.

### **SUPPLEMENTAL MEDICAL COVERAGE**

The Aggregate Maximum benefit under the Student Health Insurance Plan described previously is \$100,000. If you have purchased the Basic Student Health Insurance Plan at Suffolk University, you are eligible to purchase the Supplemental Plan to extend the combined maximum to \$250,000 for students.

This optional coverage can be elected only at the time of initial enrollment and is payable on an annual basis. To be eligible for coverage, any medical condition must first manifest itself after the effective date of coverage. Waiver of the pre-existing clause will not apply to this optional coverage.

### **PRE-EXISTING CONDITIONS LIMITATION**

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 becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage. The Covered Person must provide us proof of prior Creditable Coverage.

### **CONTINUOUSLY INSURED**

Any Covered Person who has continuous coverage under this Plan and the prior plan shall be covered for conditions first manifesting themselves while continuously insured, except for benefits payable under prior policies in the absence of this Plan. Prior plan means the Student Health Insurance Policy issued to the Policyholder immediately before this Policy or any other Creditable Coverage, as defined.

### **NON-DUPLICATION OF BENEFITS**

This provision applies if a Covered Student:

- a. Is covered by any other group or blanket health care plan; and

- b. Would, as a result, receive medical expense or service benefits in excess of the actual expenses incurred.

In this case, the medical expense benefits the Plan will pay will be reduced by such excess.

### **SUBROGATION**

If the Insured is Injured or becomes Sick as a result of another person's negligence, We have the right to seek reimbursement on the Insured's behalf against the negligent party for any claims paid under this Policy, unless prohibited by law.

### **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 and covered by the school fee for services.
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 the Covered Person sustains an Injury.
5. Loss resulting from participation in a riot; or committing, or attempting to commit, a felony.
6. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:
  - a. improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease or surgery performed to treat a Sickness or Injury.
  - b. repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury, or in the next Policy Year.
7. Expenses incurred as a result of an 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.

8. Injury sustained or Sickness contracted while in the armed forces of any country.
9. An occupational loss covered by any occupational benefit plan, Workers' Compensation Act or similar law.
10. 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.
11. Outpatient expense incurred for treatment of drug, alcohol, Mental Illness except as specifically stated.
12. Expense incurred for treatment of injuries resulting from any motor vehicle accident to the extent covered by other valid and collectible insurance, whether or not a claim is made for such benefits, or third party action.
13. Expenses, which are reimbursable by any other valid and collectible hospital or insurance, plan, whether or not a claim is made for such benefits, but such charges in excess thereof shall be covered as otherwise provided.
14. Pre-existing conditions, except as specifically stated.
15. Expenses for prescription medications, except as specifically provided in this Insurance Program.
16. 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. This exclusion does not apply to the repairs to sound natural teeth caused by an injury. This exclusion does not apply to the removal of impacted wisdom teeth. Expense incurred after coverage terminates, subject to the Extension of Benefits.
17. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (participation in sports clubs or intramural athletic activities is not excluded).
18. Expenses incurred for routine physical exams, immunizations, preventive medicines, serums, vaccines or other preventive services and supplies, except as specifically stated in the Policy. Expenses incurred for any services rendered by a family member of a Covered Person's immediate family or a person who lives in the Covered Person's home.
19. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
20. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
21. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or

her in the activities of daily life. This includes room and board and other institutional care.

22. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers).
23. Expenses incurred for or related to services, treatment, education testing, or training related to learning disabilities or developmental delays, unless specifically stated in the Policy.
24. Expenses incurred for or related to gender reassignment surgery.
25. Services and charges that are determined to be Experimental/Investigational in nature.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

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

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

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

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

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

### **CLAIM PROCEDURE**

#### **In the event of Covered Accident or Sickness:**

- 1) Contact Your Student Health Services, if available. If Student Health Services is not available, determine whether a PHCS Preferred Provider (or a CHP Preferred Provider if you are in the Western Massachusetts counties of Hampden, Hampshire, Berkshire, and Franklin) is located close by for treatment at reduced cost to You.
- 2) Itemized billings (Written Proof of Loss) should be submitted by Your health care provider or the Covered Person within 90 days of treatment, or as soon as reasonably possible.

All itemized bills should be submitted to the Claims Administrator shown below:

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
2077 Roosevelt Avenue, P.O. Box 1998  
Springfield, MA 01101-1998  
(413) 733-4540  
Toll Free (800) 633-7867

**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.chpstudent.com](http://www.chpstudent.com)

**The Plan is underwritten by:**  
Nationwide Life Insurance Company

**Policy Number: 302-017-2006**

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 the 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.

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

For Vision Discount Benefits please go to:  
[https://www.consolidatedhealthplan.com/student\\_health](https://www.consolidatedhealthplan.com/student_health)

**Enteral Formulas Endorsement**

**NATIONWIDE LIFE INSURANCE COMPANY  
Columbus, Ohio**

Issues this rider to

THE INSURED REFERRED TO ON THE COVER PAGE OF THE POLICY TO WHICH THIS  
ENDORSEMENT IS ATTACHED AND MADE A PART THEREOF

The effective date of this Endorsement is the effective date of the Policy to which this  
Endorsement is attached.

The Policy is amended as described below. All other terms remain unchanged.


We will provide coverage for non-prescription 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 psueo-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 in an amount not  
to exceed \$5,000 annually for any insured individual.

NATIONWIDE LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Mark R. Mark". The signature is written in a cursive, flowing style.

President

Notice

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

**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).**