

**Suffolk University**  
**2010-2011**  
**Student Accident and Sickness Insurance Program**  
**Policy No. 302-017-2008**



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

**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).

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.

**ON-LINE ENROLLMENT AND WAIVER PROCESS**

To be eligible for this Insurance Program, You must be enrolled as a full-time student carrying a course load equivalent to at least ¾ 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.

If you **DO NOT** want the school's insurance and have comparable coverage with a United States based insurance company, simply follow the instructions below to Waive the coverage quickly and easily. If you choose to waive coverage, you **MUST** complete the on-line waiver by **September 25, 2010** or you will be automatically enrolled and billed the annual premium.

**To enroll or waive coverage on-line**

1. Go to [www.universityhealthplans.com](http://www.universityhealthplans.com)
2. Click on Suffolk University
3. Click on Suffolk University Student Insurance Plan
4. Left side of the menu, click on either the Enrollment Form or Waiver Form
5. Submit the form by clicking "Apply". If the form is accepted, you will receive immediate confirmation of your enrollment or waiver. Please print a copy of your confirmation for your record.

Annual Plan effective dates: **August 21, 2010 – August 21, 2011**  
 Law Students Annual Plan effective dates: **August 10, 2010 – August 10, 2011**  
 Spring Semester dates: **January 1, 2011 – August 21, 2011**  
 Spring Semester Dates for Law Students: **January 1, 2011 – August 10, 2011**

**2010-2011 SCHEDULE OF MEDICAL EXPENSE BENEFITS**

This is a schedule of benefits available through the Suffolk University 2010-11 Student Accident and Sickness Insurance Program. **This summary should be used in conjunction with the full plan description, including plan provisions, limitations and exclusions. To obtain a copy of the full plan brochure, please go to [www.chpstudent.com](http://www.chpstudent.com) or [www.universityhealthplans.com](http://www.universityhealthplans.com).** Questions regarding the benefits, limitations and exclusions of the Student Health Insurance Plan can be directed to Consolidated Health Plans at (800) 633-7867 or by email at [customerservice@consolidatedhealthplan.com](mailto:customerservice@consolidatedhealthplan.com).

If care is received from a Preferred Provider, any Covered Medical Expense will be paid at the Preferred Provider level of benefits. Reduced or lower benefits will be provided when an Out of Network Provider is used. The Preferred Provider Network is PHCS. A list of participating providers can be found at [www.phcs.com](http://www.phcs.com).

The benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service below. Covered Medical Expenses include:

<b>BENEFITS</b>		
<b>Maximum Benefit per Accident or Sickness</b>	<b>\$250,000</b> (Covered Medical Expenses for a Pre-Existing Condition are payable to a Maximum of \$10,000 Per Policy Year)	
<b>INPATIENT EXPENSE BENEFITS</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hospital Room and Board:</b> Hospital room and board and general nursing care while hospital confined, subject to the semi-private or intensive care unit rate, if applicable.	100% of Preferred Rate, after a \$250 co-pay	80% of R&C Charge, after a \$250 deductible
<b>Hospital Miscellaneous:</b> Operating room, laboratory tests, x-rays, oxygen tents, dressings, anesthesia, and medicines.	100% of Preferred Rate	80% of R&C Charge
<b>In-Hospital Doctor's Expense:</b> Services of a Doctor during hospital confinement. This benefit does not apply when related to surgery.	100% of Preferred Rate for 1 <sup>st</sup> \$2,000, then 80% to plan max	100% of R&C Charge for the 1 <sup>st</sup> \$2,000, then 80% to plan max
<b>Inpatient Mental Illness:</b> For biologically based illnesses.	Covered as any other Sickness	
<b>Inpatient Mental Illness:</b> For non-biologically based illnesses, limit 60 days per Policy Year.	Covered as any other Sickness (limit 60 days per Policy Year)	
<b>OUTPATIENT EXPENSE BENEFITS</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Physician Visits,</b> Benefits for Physician's visits do not apply when related to Surgery or Physiotherapy.	<u>Students:</u> 100% of Preferred Rate with a \$10 co-pay per visit <u>Dependents:</u> 100% of Preferred Rate with a \$10 co-pay per visit	<u>Students:</u> 80% of R&C Charge with a \$10 deductible per visit <u>Dependents:</u> 80% of R&C Charge with a \$30 deductible per visit

OUTPATIENT EXPENSE BENEFITS (continued)	In-Network	Out-of-Network
<b>Outpatient Hospital Expenses:</b> Covered Medical Expenses include, but are not limited to: durable medical equipment, Physician's services, outpatient department services and administration of IV medication.	<u>Students:</u> 80% of Preferred Rate <u>Dependents:</u> 80% of Preferred Rate with a \$50 co-pay	<u>Students:</u> 80% of R&C Charge with a \$50 deductible <u>Dependents</u> – 80% of R&C Charge with a \$50 deductible
<b>Diagnostic X-Ray &amp; Lab Services:</b> 100% when provided through Suffolk University Health & Wellness Services.	80% of Preferred Rate with a \$50 co-pay	80% of R&C Charge with a \$50 deductible
<b>Outpatient Surgical Hospital Miscellaneous Services:</b> While being treated as an outpatient surgery patient, covered medical expenses include; use of operating room, lab tests, x-rays, anesthesia, supplies, and medicines.	80% of Preferred Rate	80% of R&C Charge
<b>Surgical Expense (In and Outpatient):</b> Medical Expenses for charges for surgical services performed by a Doctor.	80% of Preferred Rate	80% of R&C Charge
<b>Anesthetist and Assistant Surgeon Expenses (In and Outpatient):</b> Covered Medical Expenses for the charges of an anesthetist and/or an assistant surgeon during a surgical procedure.	30% of the amount paid to Surgeon	30% of the amount paid to Surgeon
<b>Second Surgical Opinion Expense (In and Outpatient)</b>	80% of Preferred Rate up to a maximum benefit of \$250	80% of R&C Charge up to a maximum benefit of \$250
<b>Hospital Emergency Room</b> (not resulting in admission)	<u>Students:</u> 80% of Preferred Rate, with a \$50 co-pay <u>Dependents:</u> 80% of Preferred Rate, with a \$75 co-pay	<u>Students:</u> 80% of R&C Charge, with a \$50 deductible <u>Dependents:</u> 80% of R&C Charge, with a \$75 deductible
<b>Physiotherapy Expense:</b> Physiotherapy treatments prescribed by a Doctor. The prescription must be for a stated number of treatments. <b>\$500 Maximum Per Accident or Sickness per Policy Year.</b>	100% of Preferred Rate, up to \$45 per visit	100% of R&C Charge, up to \$45 per visit
ADDITIONAL BENEFITS	In-Network	Out-of-Network
<b>Outpatient Mental Illness:</b> For biologically based illnesses.	Covered as any other Sickness	
<b>Outpatient Mental Illness:</b> For non-biologically based illnesses, limit 24 visits per Policy Year, not including Mental Illness Medication Management Office Visits.	Covered as any other Sickness (limit 24 visits per Policy Year)	
<b>Wellness Expense Benefit:</b> We will provide for (1) one Annual Physical and its associated lab screenings up to a <b>maximum of \$150</b> per Policy Year. 100% when provided through Suffolk University Health & Wellness Services. (see plan for details & restrictions)	<u>Students:</u> 100% of Preferred Rate with a \$10 co-pay per visit <u>Dependents:</u> 100% of Preferred Rate with a \$10 co-pay per visit	<u>Students:</u> 80% of R&C Charge with a \$10 deductible per visit <u>Dependents:</u> 80% of R&C Charge with a \$30 deductible per visit
<b>Cytological Screening and Mammogram</b> (see plan for restrictions)	Covered as any other Sickness	
<b>Prescription Drug Expense:</b> \$1,200 per Policy Year maximum benefit. Must be filled at an Express Scripts participating pharmacy. Visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> for participating pharmacies. Includes prescription contraceptive drugs and devices.	Generic Drug - \$10 co-pay per 30-day supply Brand Name Drug - \$25 co-pay per 30-day supply	
<b>Ambulance:</b> Use of an ambulance for an Emergency Medical Condition to or from the hospital.	80% of Actual Charges up to a maximum of \$750 per trip	80% of Actual Charges up to a maximum of \$750 per trip

Refer to Plan Brochure for additional benefits, State Mandated Benefits, limitations, exclusions, and definitions. The complete Plan certificate is available at the Schools Health & Wellness Center, by calling Consolidated Health Plans at (800) 633-7867 or online at [www.chpstudent.com](http://www.chpstudent.com) or [www.universityhealthplans.com](http://www.universityhealthplans.com).

#### PRIVACY POLICY

The Student Health Insurance Plan is serviced by University Health Plans and underwritten by Nationwide Life Insurance Company. Claims are paid by Consolidated Health Plans. 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 (800) 633-7867 or by visiting [www.chpstudent.com](http://www.chpstudent.com).

#### Where to Find Help

For questions about:	Please contact:
Enrollment Waiver of mandatory insurance charge	<b>University Health Plans</b> One Batterymarch Park, Quincy, MA 02169-7454 Local: (617) 472-5324 - Out of area: (800) 437-6448 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a>
Insurance Benefits Claims Processing ID Cards	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue, Springfield, MA 01104 Local: (413) 733-4540 - Out of area: (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a>