

Student Health Insurance

Designed for the Students of

Drew University

(Undergraduate)

Madison, New Jersey

2015-2016

Underwritten by:

Nationwide Life Insurance Company
Columbus, OH

Policy Number: 302-044-2913

Effective: 8/15/15 – 8/14/16

Group Number: S208102

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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 claims status, eligibility, enrollment and benefits please contact:

For Questions About:	Please Contact:
Health Services	Drew University Health Service 36 Madison Ave Madison, NJ 07940 (973) 408-3414 health@drew.edu Or visit our website at www.drew.edu/health
Insurance Benefits Preferred Provider Listings Claims Processing Waiver Process Enrollment	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, Massachusetts 01104 (800) 633-7867 www.chpstudent.com
Preferred Provider Listings	Cigna www.cigna.com
Prescription Drug Benefit & Providers	Cigna PBM www.cigna.com

AM I ELIGIBLE?

Drew University is making available a Student Health Insurance program (hereinafter called "plan") underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans. This brochure provides a general summary of the insurance coverage; the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan. Keep this brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

Matriculated students (accepted in a degree granting program) who are at least part-time, or those who have completed coursework and are registered for maintaining matriculation status, are eligible to purchase the plan. Matriculated students who are not currently registered, or who have requested a leave of absence, are not eligible to enroll in the plan. Students enrolled exclusively in online courses and whose enrollment consists entirely of short-term courses are not eligible to enroll in the plan. Be aware that if eligible students waive their right to purchase this insurance or do not enroll by the

deadline, they will not be able to enroll again until the following year. Only new students are eligible to enroll in January.

Students must be physically and actively attending classes on campus for at least the first thirty-one (31) days beginning with the first day for which coverage is purchased.

Students on a leave of absence, or not currently registered for coursework are not eligible to enroll.

Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements. The Company maintains its right to investigate eligibility or 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 premium, minus any claims paid.

HOW DO I WAIVE?

Undergraduate students must enroll on-line by logging onto treehouse.drew.edu by the published deadline. Eligible students will be automatically enrolled in the Plan unless the enrollment/waiver form has been submitted by the deadline dates.

COVERAGE FOR DEPENDENTS

If an insured student gives birth to a child while coverage is in effect for such student, coverage for that child will be provided for Injury, Sickness and congenital defects for thirty-one (31) days starting from the moment of birth. This coverage will cease at the end of the thirty-one (31) day period, or the date the child ceases to meet dependent eligibility requirements. This plan does not have dependent coverage, coverage ends after the first 31 days.

EFFECTIVE DATES AND COSTS

Drew University Undergraduate Student Health Insurance Plan provides coverage to students for a twelve (12) month period - from 12:01 a.m. **8/15/15**, through **8/14/16**.

	Annual*	Spring*
	8/15/15 – 8/14/16	1/15/16 – 8/14/16
Undergraduates Students	\$1,687	\$1,003

*All costs above include a fee retained by the Servicing Agent.

TERMINATION

Coverage will terminate at 11:59 pm standard time at the Policyholder's address on the earliest of:

- The Termination Date of the Policy;
- The last day of the term of Coverage for which Premium is paid;
- The date a Covered Person enters full time active military service. Upon written request within 90 days of leaving school, We will refund the unearned pro-rata Premium to such person upon written request.

Termination is subject to the Extension of Benefits provision.

EXTENSION OF BENEFITS

The Coverage provided under this Policy ceases on the termination date, shown on the face page. However, if a Covered Person is:

- Pregnancy resulting from conception prior to the date of discontinuance of the Policy will continue to be paid for a period of one hundred eighty (180) days, or until date pregnancy ends, whichever is earlier.
- Totally Disabled 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 for a period of fifty-two (52) weeks or until the date the disability ends, whichever is earlier.

Totally Disabled means, with respect to the Insured, the inability to attend classes at the location where he is enrolled. With respect to a Dependent, or the Insured if such classes are not in session, disability means the inability to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Covered Person immediately prior to the Injury or Sickness.

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 provision has been exhausted, all Benefits cease to exist and under no circumstances will further Benefits be made.

Dependents that are newly acquired during the Insured's Extension of Benefits period are not eligible for Benefits under the provision.

CONTINUATION OF COVERAGE

The right to continue this Coverage is available to an Insured who is no longer an Eligible Person due to graduation as outlined in the Schedule of Benefits. Application for continued Coverage for the Insured must be made within thirty-one (31) days of termination of Coverage. If continuous Coverage is maintained, Coverage may be continued for an additional 90 days.

Continuation of Coverage ends when the Policy terminates. Continuation will be subject to the terms of the Policy and any limitations as noted in the Schedule of Benefits.

To enroll, contact University Health Plans at (800) 437-6448 or www.universityhealthplans.com.

PREMIUM REFUND POLICY

Any Insured Student withdrawing from the college during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made minus any claims. Students withdrawing after thirty-one (31) days will remain covered under the Policy for the full period for which premium has been paid and no refund will be made available. This is true for students on leave for medical or academic reasons, graduating students, and students electing to enroll in a separate comparable plan during the Policy Year. Premiums received by the Company are non-refundable except as specifically provided.

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 ninety (90) days of withdrawal from school. Refunds for any other reason are not available.

PRE-CERTIFICATION PROCESS

The Schedule of Benefits identifies medical Covered Services which must be Pre-Certified by the Review Organization. Advising the Review Organization before You receive such medical Covered Services allows the Review Organization to determine Medical Necessity and Medical Appropriateness. Medical care that is not necessary and appropriate adds to the cost of care and exposes You to unnecessary risk.

You are responsible for calling the Review Organization at the phone number found on the back of Your ID card and starting the Pre-Certification process. For Inpatient services, the call should be made prior to Hospital Confinement. In the case of an Emergency, the call should take place as soon as reasonably possible.

Pre-Certification is not required for Medical Emergency, Urgent Care, or Hospital Confinement for maternity care.

Pre-certification is not a guarantee that Benefits will be paid.

Your Physician will be notified of the Review Organization's decision as follows:

- For elective (*non-Emergency*) admissions to a Health Care Facility, the Review Organization will notify Your Physician and the Health Care Facility by telephone and/or in writing of the number of Inpatient days, if any, approved;
- For Confinement in a Health Care Facility *longer than* the originally approved number of days, Your treating Physician or the Health Care Facility must contact the Review Organization before the last approved day. The Review Organization will review the request for continued stay to determine Medical Necessity and notify the Physician or the Health Care Facility of its decision in writing or by telephone.

Our Review Organization agent will make this determination within seventy-two (72) hours for an urgent request and four (4) business days for non-urgent requests following receipt of all necessary information for review. Notice of an adverse determination made by the Review Organization agent will be in writing and will include:

- The reasons for the adverse determination including the clinical rationale, if any.
- Instructions on how to initiate standard or urgent appeal.
- Notice of the availability, upon request of the Covered Person, or the Covered Person's designee, of the clinical review criteria relied upon to make the adverse determination. This notice will specify what, if any additional necessary information must be provided to, or obtained by, the Review Organization Agent in order to render a decision on any requested appeal.

Failure by the Review Organization agent to make a determination within the time periods prescribed shall be deemed to be an adverse determination subject to appeal.

If You have questions about Your Pre-Certification status, You should contact Your Provider.

SCHEDULE OF BENEFITS

Your Coverage provides for the utilization of Preferred Providers in a Preferred Provider Organization (PPO). The Preferred Provider Organization(s) for your Coverage is: Cigna Go to www.cigna.com for a list of participating providers.

	In-Network	Out-of-Network
Policy Year Maximum Benefit	Unlimited	
Deductible per Covered Person per Policy Year	\$200 per Individual	
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Covered Person	No Maximum
Insured percent	80% of Preferred Allowance (PA)	70% of Reasonable & Customary (R&C)
Outpatient Services		
Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	80%	70%
Diagnostic Imaging, X-ray and Laboratory Services	80%	70%
Inpatient Services - Pre-certification required		
Miscellaneous Hospital Services Includes meals and prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, Pre-Admission Testing and Inpatient Rehabilitation.	80%	70%
Room and Board expense, at the semi-private room, general nursing care, and ICU.	80%	70%
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	80%	70%
Skilled Nursing and Sub-Acute Care Facilities	80%	70%
Surgical Services (Inpatient & Outpatient) – When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed.		
Surgeon's Fee	80%	70%
Assistant Surgeon	80%	70%
Anesthetist Services, limited to 25% of Surgeon's payment	80%	70%
Inpatient/Outpatient Surgical miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	80%	70%
Other Surgical Services		
Organ transplants	80%	70%

Obesity surgery	80%	70%
Reconstructive surgery	80%	70%
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
Pre and post-natal services	Paid the same as any other Sickness	
Mental Conditions & Substance Abuse		
Inpatient Services	Paid the same as any other Sickness	
Outpatient Office Visits	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care	80%	70%
Emergency services. Use of the emergency room and supplies.	80%	80%
Emergency Medical Transportation services	80%	80%
Other Services		
Preventive/Wellness & Immunization Services	100% of PA	70% of R&C
Allergy Services (testing/injections/treatment)	80%	70%
Habilitative therapy – including Physical, and Occupational	80%	70%
Habilitative Speech and Cognitive Therapy - for a function that did not previously exist, but would normally be expected to exist.	80%	70%
Autism Spectrum Services - Applied behavior analysis, behavioral interventions and related structured behavioral programs are covered for Covered Persons under the age of twenty-one (21).	80%	70%
Rehabilitative therapy – including Physical, and Occupational	80%	70%
Rehabilitative Speech and Cognitive Therapy	80%	70%
Chiropractic care – limited to 30 visits Per Policy Year	80%	70%
Home Health Care – Including Private Duty Nursing (up to 60 visits Per Policy Year)	80%	70%
Hospice Limited to Covered Persons with a life expectancy of six (6) months or less.	80%	70%
Diabetic treatment and Education	Paid the same as any other Sickness	
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	80%	70%

Hearing Aids for Covered Persons Aged 15 and Younger Limited to one (1) hearing aid per ear every twenty-four (24) months.	80%	70%		
Formulas and Low-Protein Modified Food Products - Includes coverage for food products and formulas for an inherited metabolic disorder, such as PKU. Includes specialized, non-standard infant formulas.	80%	70%		
TMJ - treatment for the dysfunction of the temporomandibular joints, including surgery of the jaw to correct or treat TMJ	80%	70%		
Dental treatment due to Injury to a Sound Natural Tooth	80%	70%		
Treatment for an impacted, abscessed or infected tooth	80%	70%		
Prescription Drug Expense	100% after a: \$0 Copay for Generic Contraceptives; \$15 Copay for Generic \$30 Copay for Preferred Brand \$50 Copay for Non-preferred Brand			
Prescription Drug Expense	<ul style="list-style-type: none"> Only a thirty (30) day supply can be dispensed at any time One (1) copayment per thirty (30) day supply; Copay does not apply to generic contraceptives Copayments apply to the out-of-pocket Prescriptions must be filled at an "Cigna" participating pharmacy. Go to www.cigna.com for a list of participating pharmacies. 			
Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year. 100% of R&C up to \$150, 50% thereafter.				
Pediatric Dental & Vision for under age nineteen (19)	<ul style="list-style-type: none"> Preventive/diagnostic services – 100% of R&C Basic restorative services – 70% of R&C Major services – 50% of R&C* Medically Necessary orthodontia services – 50% of R&C* 			
*prior authorization required				
Elective Services (do not apply to the Out of Pocket maximum)				
Family Travel	\$5,000 benefit			
Non-emergency treatment when traveling outside of the U.S.	70% of R&C			
Rest cures	Not Covered			

MANDATED BENEFITS

If You are enrolled in this Insurance Program, Policy coverage also includes the following benefits. (Note: Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.)

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 and Screening for Newborn Hearing Loss.

PREFERRED PROVIDER INFORMATION

By enrolling in this Insurance Program, you have the Cigna PPO Network of Participating Providers, providing access to quality health care at discounted fees. To find a complete listing of Cigna PPO Network of Participating Providers, go to www.cigna.com, or contact Consolidated Health Plans at (413) 733-4540, toll-free at (800) 633-7867, or www.chpststudent.com for assistance.

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits. 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.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out-of-Network" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

COORDINATION OF BENEFITS

The Policy Year is the basis for consideration of claims. This provision will be used when the Benefits the Covered Person would receive under this Policy plus those received under all other Plans would exceed the total Allowable expense. If the Benefits provided under all Plans exceed the Allowable expense, We will reduce Our Benefits so that the total benefit received from all plans does not exceed 100% of Allowable expenses. When Benefits are reduced under the primary plan because the Covered Person did not comply with the plan provisions, the amount of such reduction will not be considered an Allowable expense.

RECOVERY RIGHTS

We will not seek reimbursement for an overpayment of a claim later than eighteen (18) months after the date the first payment on the claim was made.

We will not collect or attempt to collect the overpayment from the health care Provider, unless as a result of fraudulent activities committed by the Provider, on or before the 45th calendar day (i) following the submission of the reimbursement request to the health care Provider; (ii) if the Provider disputes the request and initiates an appeal following the submission of the overpayment

request; or (iii) collect a monetary penalty against the overpayment request, including but not limited to an interest charge or late fee.

EXCLUSIONS

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; b) treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations except as in the case of Injury prescriptions or fitting of eyeglasses or contact lenses vision correction surgery or Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein; except when due to a disease process; except eye refractions, performed by a Physician or optometrist, when used as a diagnostic tool in conjunction with a chronic or acute medical Condition. Repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury.
2. Hearing Screenings (except as specifically provided in the Policy) or hearing examinations or hearing aids and the fitting or repairing or replacement of hearing aids, except in the case of Accident or Injury.
3. Vaccines and immunizations (except as specifically provided in the Policy): a) required for travel; and b) required for employment;
4. Treatment (other than surgery) of chronic Conditions of the foot including weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails or bunions (except capsular or bone surgery), any type of massage procedure on or to the foot, corrective shoes, shoe inserts and Orthotic Device; except for treatment of Injury, infection or disease except as provided herein.
5. Cosmetic treatment cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; warts, non-malignant moles and lesions; hair growth hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants including gynecomastia (except for correction or deformity resulting from mastectomies or lymph node dissections); lipectomy services and supplies related to surgical suction assisted lipectomy; rhinoplasty; nasal and sinus surgery; and deviated nasal septum, including submucous resection except when Medically Necessary treatment of acute purulent sinusitis. This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part.
6. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are

prescribed, recommended or approved by the Student Health Center or by the person's Attending Physician or dentist.

7. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications. Upon written request, claims denied under this provision may be reviewed by an independent medical review entity if You or Your Dependent has a terminal Condition that, according to the Physician's current diagnosis, has a high probability of causing death within 1 year from the date of the request for medical review.
8. Custodial Care; Care provided in a: rest home, home for the aged, halfway house health resort college infirmary or any similar facility for domiciliary or Custodial Care, or that provides twenty-four (24) hour non- medical residential care or day care (except as provided for Hospice care).
9. Routine dental care for Covered Persons aged 18 or older.
10. Injury sustained while (a) participating in any intramural, intercollegiate, professional, semi-professional or club sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition. or Orthopedic Appliances which are used mainly to protect an Injury so that the Covered Person can take part in such sport, contest, or competition except as specifically provided in this Policy.
11. Injury sustained by reason of a motor vehicle Accident to the extent that Benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such Benefits or if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place.
12. Injury resulting from participation in any hazardous activity, including: travel in or upon a snowmobile, ATV (all terrain or similar type two or three wheeled vehicle and/or off-road four wheeled motorized vehicles motor vehicles not primarily designed and licensed for use on public streets or highways or personal watercraft, parachuting, hang gliding, skydiving, parasailing, scuba diving, skin diving, glider flying, sailplaning, racing or speed contests, mountaineering (where ropes or guides are customarily used), rock wall climbing, rodeo or bungee jumping; (except as specifically provided in this Policy).
13. Injury occurring in consequence of riding as a passenger or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline or as a passenger in a Policyholder owned leased chartered or operated aircraft or as a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
14. Reproductive services, including but not limited to: family planning; premarital examination; impotence, organic or otherwise; sterilization reversal; vasectomy reversal, except as specifically provided in this Policy.
15. Pregnancy that results under a Surrogate Parenting Agreement.
16. Elective termination of pregnancy except to preserve the life of the female upon whom the abortion is performed.

17. Hospital Confinement or any other services or treatment that are received without charge or legal obligation to pay; Inpatient Room & Board charges in connection with a Hospital stay primarily for environmental change; Inpatient room & board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an Outpatient basis.
18. Services provided normally without charge by the health service of the Policyholder or services covered or provided by a student health fee; Services rendered by employees or Physicians or other persons or retained by the University or for the use of the Universities facilities.
19. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
20. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Covered Person could be eligible.
21. Any services of a Physician or Nurse who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
22. Expense covered by any other medical insurance to the extent that Benefits are payable under any other medical insurance whether or not a claim is made for such Benefits.
23. Services received before the Covered Person's Effective Date or during an Inpatient stay that began before the Insured's Effective Date; Services received after the Covered Person's Coverage ends, except as specifically provided under the Extension of Benefits provision.
24. Services of a private duty Nurse.
25. Under the Prescription Drug Benefit, any drug or medicine:
 - Obtainable Over the Counter (OTC), except as provided for Preventive services;
 - for the treatment of alopecia (hair loss) or hirsutism (hair removal)
 - for the purpose of weight control;
 - anabolic steroids used for body building;
 - growth hormones;
 - sexual enhancement drugs;
 - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne except for medically diagnosed congenital defects or except as specifically provided in this Policy;
 - treatment of nail (toe or finger) fungus;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - for an amount that exceeds a 30 day supply
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - purchased after Coverage under the Policy terminates;
 - consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is:
 - contraindicated for the treatment of the Condition for which the drug was prescribed;
 - or Experimental for any reason, except as specified under the Off-label Prescription Drugs mandate.
26. Vitamins, minerals, food supplements, herbs, herbal formulas, or home remedies; except as prescribed.
27. Vocational recreation, art, dance, poetry, music, or other similar-type therapies, including regression therapy; personal enhancement or self-actualization therapy
28. Treatments which do not meet the national standards for mental health professional practice; Telemedicine, methadone maintenance or treatment.
29. For Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drug or use of legal medicines that are not taken in the dosage or for the purposes as prescribed by the Covered Person's Physician.
30. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot;
31. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation.
32. As a result of War or any act of War while Covered Person is serving in any civilian non-combatant unit supporting or accompanying any military, naval or air forces of any country, combination of countries or international organization; and as a result of the special hazards incident to service any civilian non-combatant unit supporting or accompanying such forces, provided the Illness or Injury occurs while the Covered Person is serving in such unit and is outside the home area. and Civilian exclusions exclude the treatment of Illness or Injury suffered as a result of war or an act of war while the Covered Person is not in the military, naval or air forces of any country, combination of countries or international organization or any civilian non-combatant unit supporting or accompanying such forces, if the Illness or Injury occurs outside the home area. Modifications made to dwellings, property, or automobiles such as ramps, elevators, stair lifts, swimming pools, spas, air conditioners or air-filtering systems, equipment that may increase the value of the residence, or car hand controls, whether or not their installation is for purposes of providing therapy or easy access, or are portable to other locations.
33. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition, weight increase or reduction services, except as specifically provided in the Policy;
34. Treatment received in the Covered Person's Home Country outside of the United States of America,
35. Non-cystic acne
36. Acupuncture
37. Diagnosis and treatment of sleep disorders including but not limited to apnea monitoring, sleep studies, and oral appliances used for snoring, except treatment and appliances for documented obstructive sleep apnea.
38. Voluntary, elective or prophylactic treatment (medical, surgical or pharmacological) for a condition that is not presently exhibiting symptoms, or is in absence of a

- disease state or condition that is presently creating pathological changes to any body structure or function.
39. Elective surgery or treatment.
 40. Private duty nursing
 41. Long term care.

DEFINITIONS

The terms listed below, if used, have the meaning stated.

Accidental Injury: A specific unforeseen event, which directly, and from no other cause, results in an Injury.

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

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

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.

Deductible: The amount of expenses for Covered Services and supplies which must be incurred by the Covered Person before specified Benefits become payable.

Elective Treatment: 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: An Illness, Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The Condition must be one which manifests itself by acute symptoms which are sufficiently severe that a reasonable person would seek care right away to avoid severe harm.

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.

In-Network Benefit: The level of payment made by Us for Covered Services received by a Preferred Provider under the terms of the Policy. Payment is based on the Preferred Allowance unless otherwise indicated.

Insured Percent: That part of the Covered Charge that is payable by the Company after the Deductible and/or Copayment has been paid.

Medically Necessary/Medical Necessity: We reserve the right to review claims and establish standards and criteria to determine if a Covered Service is Medically Necessary and/or Medically Appropriate. Benefits will be denied by Us for Covered Services that are not Medically Necessary and/or Medically Appropriate. In the event of such a denial, You will be liable for the entire amount billed by that Provider. You do have the right to appeal any adverse decision as outlined in the Appeals and Complaint Section of this Policy.

Covered Services are Medically Necessary if they 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.

A Covered Service is Medically Appropriate if it is rendered in the most cost-effective manner and type of setting appropriate for the care and treatment of the Condition.

When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a Condition cannot be safely provided on an Outpatient basis.

Out-of-Network Benefit Level: The lowest level of payment made by Us for Covered Services under the terms of the Policy. Payment is based on Reasonable and Customary charges unless otherwise indicated.

Out-of-Network Provider: Physicians, Hospitals and other Providers who have not agreed to any pre-arranged fee schedules. See the definition of Out-of-Network Benefit Level.

Out-of-Pocket: means the most You will pay during a Policy Year before your coverage pays at 100%. This includes deductibles, copayments (medical and prescription) and any coinsurance paid by You. This does not include non-covered medical expenses and elective services.

Physician: 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.

Preferred Allowance (PA): The amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

Preferred Providers: Physicians, Hospitals and other healthcare Providers who have contracted to provide specific medical care at negotiated prices.

Preventive Care: Provides for periodic health evaluations, immunizations and laboratory services in connection with periodic health evaluations, as specified in the Schedule of Benefits. Well Baby and Child Care, and Well Adult Care benefits will be considered based on the following:

- (a) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
- (b) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
- (c) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- (d) With respect to women, such additional preventive care and screenings, not described in paragraph (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Reasonable and Customary (R&C): The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the Provider;
- The negotiated rate, if any; 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.

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

We, Our and Us: Nationwide Life Insurance Company.

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

Male pronouns whenever used include female pronouns.

MEDICAL EVACUATION BENEFIT

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. 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.

FAMILY TRAVEL

If the Insured is Hospital Confined due to an Accidental Injury or Emergency Sickness for more than five (5) consecutive days, is likely to be hospitalized for more than five (5) days or is in critical condition, We will pay for expenses reasonably Incurred:

1. to bring one (1) person designated by the Insured to and from the Hospital or other medical facility where the Insured is Confined if the Insured is alone and if the place of Confinement is outside a 100 mile radius from the Insured's primary place of residence. Expenses will be limited to the cost for one economy round-trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement. Payment for meals, ground transportation and other incidentals are the responsibility of the Family Member or friend. With respect to any one (1) trip, this benefit is payable only once for that trip, regardless of the number of Covered Persons on that trip. No more than one (1) visit may be made any twelve (12) month period. No benefits are payable unless the trip is approved in advance by the Administrator.
2. To return to their current place of primary residence, with an attendant if necessary, any of the Insured's Children who were accompanying the Insured when the Injury or Emergency Sickness occurred.

The determination of whether the Insured Person will be hospitalized for more than five (5) days or is in critical condition shall be made after consultation with the attending Physician.

All transportation arrangements made must be by the most direct and economical conveyance and route possible.

REPATRIATION OF REMAINS BENEFIT

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. 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.

CLAIM PROCEDURES

In the event of Injury or Sickness, students should:

1. Report to their Physician, Hospital or Student Health Center.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number or student ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within ninety (90) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Cigna
PO Box 188061
Chattanooga, TN 37422-8061

Group Number: S208102

CLAIMS APPEAL PROCESS

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an Insured Person who disagrees with how a claim was processed may appeal that decision. The Insured Person must request an appeal in writing within 180 days of the date appearing on the EOB. The appeal request must include any additional information to support the request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address below.

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
www.chpstudent.com
(413) 733-4540 or Toll Free (8000 633-7867

Servicing Agent:
UNIVERSITY HEALTH PLANS, INC.
One Batterymarch Park
Quincy, MA 02169-7454
Telephone (800) 437-6448
Email info@univhealthplans.com
www.universityhealthplans.com

This plan is underwritten by and offered by:
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, OH
Policy Number: 302-044-2913

For a copy of the privacy notice you may go to:
www.consolidatedhealthplan.com/about/hipaa

VALUE ADDED SERVICES

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstUDENT.com

NURSE HOTLINE FOR STUDENTS

For quick, sound medical advice from specially trained Nurses

24 hours a day, 365 days per year

Call toll free at 800-557-0309

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.