

Student Fixed Indemnity Accident and Sickness Plan

Designed for the Students of:

COLLEGE OF DUPAGE

Glen Ellyn, IL

2014-2015

Policy Number 2014I5A41

Underwritten by

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

2 E. Gilman St., Madison, WI 53703

as policy form # NGRPHIP(S)-IL 6/12

This brochure is not a Contract but a description of the Student Insurance Plan, and it is suggested that you retain it for future reference. The Master Policy is on file at the college.

The Policy provides limited accident and sickness coverage. It is not a substitute for comprehensive health insurance coverage and does not qualify as minimum essential health coverage under the Affordable Care Act.

Please keep this outline of coverage for future reference.

2014-I5A41 (Bro.)

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INTRODUCTION

Hospitalization, surgery and accompanying medical expenses are at an all-time high. Many students are not prepared to meet the added cost of an unexpected Accident or Sickness. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. The College is concerned with the health and well-being of its students. Student Fixed Indemnity Accident and Sickness insurance is designed to provide low-cost coverage for unanticipated medical expenses. Please read the provisions of this insurance plan carefully.

ELIGIBILITY

All students enrolled for a minimum of 6 credit hours are eligible for this insurance plan. Home study, auditing scholars and other non-traditional students do not qualify as a student for the purposes of purchasing coverage. The company maintains the right to investigate student status and attendance records to verify if eligibility requirements have been met. Eligible persons may enroll in the insurance plan annually or within 30 days of matriculation.

TERM OF COVERAGE

The policy for the current year becomes effective on 8/20/14 at 12:01 a.m. and expires on 8/19/15 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

RATES

	Annual 8/22/14- 8/21/15	Fall 8/22/14- 1/21/15	Spring 1/22/15- 8/21/15	Summer 5/27/15- 8/21/15
Student	\$565	\$238	\$367	\$153
Spouse	\$1,561	\$656	\$1,015	\$422
Child(ren)	\$851	\$358	\$553	\$230

EXTENSION OF BENEFITS

If coverage under the policy ends while the Covered Person is totally disabled due to Injury or Sickness, we will pay benefits for covered services occurring after the date coverage under the policy as long as they meet the following requirements: a) the covered service must be rendered due to the same Injury or Sickness causing the Covered Person to be totally disabled on the date coverage ends; and b) the covered service must occur within 90 days after the date the Covered Person's coverage under the policy ends; and c) coverage must not have ended as a result of the Covered Person's voluntary termination of the coverage.

This extension of benefits terminates at the end of the 90-day period specified above.

COVERAGE

This Plan provides protection for Accident and Sickness 24 hours per day during the term of the Policy for each student insured.

This insurance pays in addition to other insurance the student may carry.

DEFINITIONS

Accident means an unforeseeable event that causes Injury to a Covered Person.

Coverage Period means the period of time described on the Schedule of Benefits.

Covered Person means any Eligible Person for whom coverage is in effect under the policy.

Critical Care Unit means a pre-designated and fixed medical/surgical care area within a Hospital that: a) is utilized exclusively for the treatment of patients who are there because of their acute and critical condition; b) provides continuous 24-hour monitoring of each patient's vital physiological responses; c) has emergency life-saving equipment and supplies that are immediately accessible; d) is staffed with nurses specially trained for duty in such an area; e) is not primarily a post-operative or post-anesthesia area.

Doctor means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made.

Hospital means an institution operated by law for the care and treatment of injured or sick persons; has organized facilities for diagnosis and surgery or has a contract with another hospital for these services; and has 24-hour nursing service. Hospital excludes any institution that is primarily a rest home, nursing home, convalescent home, a home for the aged, a facility for treatment of alcoholism or drug addiction, or a facility for treatment of mental disorders.

Injury means accidental bodily Injury of a Covered Person: a) caused by an Accident; and b) that results directly and independently of Sickness, disease, or bodily infirmity in loss covered by the policy. All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

Inpatient means a Covered Person who is admitted to a Hospital on an inpatient basis and who is provided at least one day's room and board by a Hospital.

Insured means an Eligible Person for whom coverage is in effect under the policy.

Medically Necessary means the service or supply is: a) provided for the diagnosis, treatment, cure or relief of a health condition, Sickness, Injury or its symptoms; and b) necessary for and appropriate to the diagnosis or treatment according to the attending medical care provider.

Outpatient means a Covered Person who receives covered services while other than an Inpatient at a Hospital.

School means any facility under the management of the Policyholder which operates for the purpose of educating its students.

Sickness means Sickness or disease of a Covered Person that: a) is treated by a Doctor while the person is covered under the policy; and b) results directly and independently of all other causes in loss covered by the policy.

SCHEDULE OF BENEFITS

The following provisions describe the benefits we will pay for Covered Services. We will pay benefits for a Covered Service only once, even if the service could be included under more than one benefit description.

Eligible Classes	Full-time Students
Coverage Period	Policy Year
COVERED SERVICES	BENEFIT AMOUNT
Hospital Confinement Daily Income Benefit	
Non-critical care unit daily benefit	\$400
Maximum benefit for non-critical care unit per Coverage Period	10 days
Hospital Discharge Benefit	
Hospital discharge amount per day of Inpatient confinement	\$500
Maximum benefit per Coverage Year	\$2,000
Maximum number of Hospital discharges per Coverage Period	2
Surgery Benefit	
For surgery performed as an Inpatient	\$1,000
For surgery performed as an Outpatient	\$250
Maximum benefit/number of surgeries per Coverage Period	\$2,000/2
Administration of Anesthesia Benefit	
For surgery performed as an Inpatient	\$200
For surgery performed as an Outpatient	\$50
Doctors' Visits Benefit	
Per visit amount (10 visits per Coverage Period)	\$40
Consultation per visit amount (1 visit per Coverage Period)	\$100
Emergency Room Visits Benefit	
Per visit amount for the treatment of an Accident (1 visit per Coverage Period)	\$200
Per visit amount for the treatment of a Sickness (1 visit per Coverage Period)	\$200
Diagnostic Laboratory Tests Benefit	
Per visit amount (3 visits per Coverage Period)	\$25
Diagnostic Radiology Tests Benefit	
All Other Radiology Tests per visit amount (3 visits per Coverage Period)	\$50
Ambulance Transportation Benefit	
Per trip amount (1 trip per Coverage Period)	\$250
Private-duty Nursing Care and Home Health Care Benefit	
Per session/visit amount	\$50
Maximum benefit per Coverage Period	4
Wellness Care Visit Benefit	
Annual Physical per visit amount (1 visit per coverage period)	\$75
Prescription Drug Benefit	
Drug maximum amount per prescription	\$10
Drug maximum benefit per Coverage Period	\$100

DESCRIPTION OF BENEFITS

Hospital Confinement Daily Income Benefit

We will pay the applicable Daily Benefit shown on the Schedule of Benefits when a Covered Person is confined as an inpatient in a Hospital if: a) the Hospital confinement is Medically Necessary; and b) the Covered Person is under a Doctor's care; and c) the Hospital confinement begins while the Covered Person is covered under the policy.

Payment of the applicable Daily Benefit will start on the first day of Hospital confinement and will continue for a period not to exceed the maximum benefit, as shown on the Schedule of Benefits, for each period of Hospital confinement.

Hospital Discharge Benefit

We will pay the applicable benefit shown on the Schedule of Benefits when a Covered Person is discharged from a Hospital if: a) the Covered Person was Hospital confined as an Inpatient for at least one day immediately before being discharged; and b) a Hospital Confinement Daily Income Benefit is paid for the same Hospital confinement; and c) the Covered Person is alive when discharged from the Hospital; and d) the Covered Person is under a Doctor's care.

Benefits for Hospital discharges will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Surgery Benefit

We will pay the applicable benefit shown on the Schedule of Benefits when surgery is performed on a Covered Person if the surgery is: a) Medically Necessary; and b) performed by a Doctor; and c) performed while such person is covered under the policy.

Benefits for surgeries performed while the Covered Person is an Inpatient differ from those for surgeries performed while the Covered Person is an Outpatient, as shown on the Schedule of Benefits.

Benefits for any one surgery will not exceed the applicable per surgery benefit limit, as shown on the Schedule of Benefits. Benefits for all surgeries are subject to any applicable maximum benefit shown on the Schedule of Benefits.

Administration of Anesthesia Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person is administered anesthesia, if the administration of anesthesia is: a) Medically Necessary; and b) performed by a Doctor; and c) performed while such person is covered under the policy; and d) billed directly by the provider and not as a service of a Hospital; and e) performed in conjunction with a surgery covered under the policy.

Benefits for anesthesia administered while the Covered Person is an Inpatient differ from those for anesthesia administered while the Covered Person is an Outpatient, as shown on the Schedule of Benefits. We will not pay benefits for more than one session of anesthesia per day for each Covered Person. Benefits

for the administration of anesthesia will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Doctors' Visits Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person visits a Doctor if the visit is: a) Medically Necessary; or b) for a medical consultation made by a Doctor whose advice or opinion is being requested by another Doctor; and c) made while the Covered Person is not an Inpatient in a Hospital; and d) made while such person is covered under the policy.

We will not pay benefits for more than one Doctor visit per day for each Covered Person. Benefits for Doctors' visits will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Emergency Room Visits Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person visits a Doctor in an emergency room if: a) the visit is Medically Necessary; and b) the visit occurs while such person is covered under the policy; and c) the Covered Person is not admitted to the Hospital as an Inpatient from the emergency room.

We will not pay benefits for more than one visit to the emergency room per day for each Covered Person. Benefits for visits to the emergency room will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit: "Emergency room" means a pre-designated and fixed medical/surgical care area within a Hospital that: a) treats patients on other than an Inpatient basis; and b) is utilized exclusively for the diagnosis and treatment of such patients' acute and/or critical conditions; and c) has emergency life-saving equipment and supplies that are immediately accessible; and d) is staffed with medical personnel specially trained for duty in such an area; and e) is not primarily a clinic, Doctor's office or free-standing surgical facility.

Diagnostic Laboratory Tests Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when diagnostic laboratory tests are performed on a Covered Person if the test is: a) Medically Necessary; and b) performed while the Covered Person is not an Inpatient in a Hospital; and c) performed while such person is covered under the policy.

Benefits for diagnostic laboratory tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Diagnostic Radiology Tests Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when diagnostic radiology tests are performed on a Covered Person if the test is: a) Medically Necessary; and b) performed while the Covered Person is not an Inpatient in a Hospital; and c) performed while such person is covered under the policy.

Benefits for diagnostic radiology tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Wellness Care Visits Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person visits a Doctor for wellness care if the visit is: (a) made while the Covered Person is not an Inpatient in a Hospital; and (b) made while such person is covered under the policy. We will not pay benefits for more than one wellness care visit per day for each Covered Person. Benefits for wellness care visits will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Wherever used in this benefit: **"Wellness care"** means medical examinations and procedures that are preventative in nature and not for the treatment of an Injury or Sickness.

Ambulance Transportation Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person travels to a Hospital in an ambulance if: (a) the trip is Medically Necessary; and (b) emergency care is required for the Covered Person's Injury or Sickness; and (c) the trip occurs while such person is covered under the policy; and (d) the Covered Person is admitted to the Hospital as an Inpatient within 24 hours after arrival at the Hospital.

We will not pay benefits for more than one ambulance trip per day for each Covered Person. Benefits for ambulance transportation will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Private-duty Nursing Care and Home Health Care Benefit

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person receives private-duty nursing care or home health care if: (a) for private-duty nursing care, the session is: (1) Medically Necessary; and (2) received while the Covered Person is confined as an Inpatient in a Hospital; and (3) received while such person is covered under the policy; or (b) for home health care, the visit is: (1) prescribed by a Doctor; and (2) received while the Covered Person is not confined in a Hospital or nursing home; and (3) received while such person is covered under the policy.

We will not pay benefits for more than one private-duty nursing or home health care session per day for each Covered Person. All home health care services performed for a Covered Person at the same visit will be counted as one visit. We will not pay benefits for both a private-duty nursing care session and a home health care visit on the same day. Benefits for private-duty nursing care and home health care will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Prescription Drug Benefit

We will pay the applicable benefit shown on the Schedule of Benefits when a Covered Person has a prescription filled or refilled by a pharmacist. The prescription must be for a drug that is: (a) prescribed by a Doctor; (b) legally obtain- able from only a pharmacist; (c) Medically Necessary for the Covered Person's Injury or Sickness; (d) prescribed while the Covered Person is not an Inpatient in a Hospital; and (e) dispensed while such person is covered under the policy.

Benefits will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

EXCEPTIONS AND REDUCTIONS

No benefits will be paid for loss caused by or resulting from:

1. intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane;
2. declared or undeclared war or any act thereof;
3. the Covered Person's commission of a felony;
4. the Covered Person operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so;
5. the Covered Person's participation in or practice for; Intercollegiate tackle football; Intercollegiate sports; semi-professional sports; or professional sports;
6. work-related Injury or Sickness;
7. the Covered Person's use of drugs or alcohol, unless administered by a Doctor;
8. mental or nervous disorders;
9. alcoholism or substance abuse.

In addition to the above exclusions, no benefits will be paid for:

1. eye examinations for glasses; any kind of eye glasses, or prescriptions for any eyeglasses;
2. normal health checkups;
3. hearing examinations or hearing aids;
4. dental care or treatment other than covered services rendered in connection with the care of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an Accident that happens while covered under the policy, and rendered within 12 month of the Accident;
5. care or treatment of allergies, including allergy testing;
6. diagnosis and care or treatment of acne;
7. care or treatment rendered in connection with cosmetic surgery, except covered services rendered in connection with cosmetic surgery the Covered Person needs for breast reconstruction following a mastectomy or as a result of an Accident that happens while covered under the policy. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
8. care or treatment rendered in connection with surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices other than as specifically provided above;
9. care or treatment rendered to a Covered Person while outside the United States of America;
10. services provided by a member of the Covered Person's immediate family;
11. services provided by the infirmary or its employees, or Doctors who work for the Student Health Center.

CLAIM PROCEDURE

In the event of Injury or Sickness:

1. Submit a claim form, if applicable, for each separate injury or sickness, available from Consolidated Health Plans. The claim form should be submitted within 30 days after the date of injury or commencement of a covered sickness; or as soon as reasonably possible.
2. Claim forms are available from your Claim Administrator (address & phone on the next page) or at: www.chpstudent.com.
3. 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 claim forms or questions relating to claims should be referred to the Claims Administrator shown below.

QUESTIONS? NEED MORE INFORMATION?

For general information on benefits, on how to enroll, or service issues please contact: University Health Plans, One Batterymarch Park, Quincy, MA. (617) 472-5324 or toll free (800) 437-6448. For information on submitting claims or to check the status of a claim, please contact the:

Claims Administrator:

Consolidated Health Plans

2077 Roosevelt Ave • Springfield, MA 01104
(413) 733-4540 • Toll Free (800) 633-7867

Servicing Broker:

University Health Plans

One Batterymarch Park
Quincy, MA 02169
(617) 472-5324 or Toll Free (800) 437-6448
www.universityhealthplans.com
email: info@univhealthplans.com

The Plan is Underwritten by:

National Guardian Life Insurance Company

2 East Gilman Street, Madison, WI 53703

Policy Form: NGRPHIP(S)-IL 6/12

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

Representations of this plan must be approved by the Company.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the College.

VALUE ADDED SERVICES

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by Consolidated Health Plans in partnership with Davis Vision and FrontierMEDEX.

VISION DISCOUNT PROGRAM

A Vision Discount Program is available to students enrolled in the Blackburn Student Health Insurance Plan. Students will be responsible for paying for services up front but will receive a discount off retail prices. For more information please go to:

www.chpstudent.com

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.