

# 2013-2014 Student Accident and Sickness Insurance Plan

For the Students of:  
**Drew University**  
Madison, New Jersey

**Nationwide Life Insurance Company**  
Policy Number: 302-044-2911  
Group Number: S208102

The full brochure can be viewed and printed at  
[www.universityhealthplans.com](http://www.universityhealthplans.com)

**NOTICE: Your Student Health Insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than Student Health Insurance coverage for the 2013/2014 policy year. Your Student Health Insurance coverage has an aggregate policy year limit of \$500,000. Be advised that you may be eligible for coverage under your parents' plan if you are under the age of 26. If you have any questions or concerns about this notice, contact Consolidated Health Plans at 800-633-7867.**

This piece is intended as a general summary of the insurance. You will receive a complete Certificate with the summary of insurance once you have enrolled into the Student Health Plan. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this hand-out piece. The Master Policy is the contract and will govern and control payment of benefits.

<u>PREMIUMS</u>	<b>Annual 8/15/13- 8/15/14</b>	<b>Spring*** 1/15/14- 8/15/14</b>
Undergraduate	\$1,275*	\$805*
Graduate/Theological	\$3,050*	\$1,900*
Spouse	\$5,316	\$3,620
Child(ren)	\$3,124	\$2,102
Medical Evacuation & Repatriation (For International Students/Dependents)	\$ 40**	\$ 40**

\* Rates include an Administrative Fee

\*\* Per Insured

\*\*\* New Students Only

### Benefit Enhancements

#### New for the 2013-2014 School Year

- Increased policy maximum benefit.

### DESCRIPTION OF STANDARD BENEFITS

When Hospital or medical care is required within 90 days of a covered Injury or onset of Sickness, payment will be made as allocated below for Covered Medical Expenses incurred while insured, up to an Aggregate Maximum Benefit of \$500,000 per Policy year.

<b>Deductible, per Policy Year</b>	\$100
<b>Note:</b> The Policy Year deductible does not apply to Drew University Health Services or Prescription drugs.	
<b>Inpatient Services:</b>	
<b>Room and Board</b>	80% of Reasonable & Customary (R&C) / semi private room rate
<b>Hospital Misc. Expenses</b>	80% of R&C
Such as the cost of x-ray examinations, laboratory tests, anesthesia, medicines, use of operating room, cast and temporary surgical appliances when the insured person is confined as a bed patient in a hospital or is an out-patient for day surgery.	
<b>In-Hospital Physician visits</b>	80% of R&C. Limited to 1 visit per day.
<b>Consultant's Expense</b>	80% of R&C for the one (1) time service.
<b>Inpatient/Outpatient Surgical Expense:</b>	

<b>Surgical Expenses</b> (In or out of the hospital)	80% of R&C
<b>Anesthesia Expense</b>	25% of the amount payable for the surgery
<b>Outpatient Expense</b> – 80% of R&C. <b>Up to \$500 per Policy Year of the maximum will be paid at 100% if referred by the Student Health Services.</b> Outpatient expense include, but not limited to:	
<b>Physician's Visits</b> – not hospital confined	80% of R&C, not to exceed 25 visits. Limited to 1 visit per day.
<b>Diagnostic X-Ray and Laboratory Expenses</b>	80% of R&C
<b>Emergency Room Expense</b>	80% of R&C
<b>Mental &amp; Nervous Disorders / Substance Abuse, Except Alcoholism</b>	
Inpatient	Payable as any other Sickness
Outpatient	80% of R&C, limited to 1 visit per day, not to exceed 16 weeks
<b>Biologically Based Mental Illness</b>	Payable as any other Sickness
<b>University Student Health Service Charges</b> – 100% of charges for in-house lab work that are obtained at the Drew University Student Health Services. Insured Students will not be billed for these services. Travel Vaccines will NOT be covered.	
<b>Other Expenses:</b>	
<b>Dental Expense</b> – 80% of R&C for dental treatment of a covered Injury to sound, natural teeth. Routine dental care and treatment to the gums are not covered. Treatment <u>must</u> be rendered within 12 months of the Injury.	
<b>Ambulance Expense</b> – 80% of R&C charges for local ground ambulance services required due to the emergency nature of the Injury or Sickness.	
<b>Prescription Drug Coverage</b> (deductible does not apply): The prescription program is available through the Express Scripts Pharmacy Network. To minimize your out of pocket expense, prescriptions should be filled at an Express Scripts participating pharmacy. Visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> for participating pharmacies. Prescriptions are paid at 100% (included in the \$500,000 aggregate Policy Year maximum), after the following co-pays have been met: \$0 co-payment for a 30-day supply of generic contraceptive prescriptions; \$15 co-payment for a 30-day supply of a generic drug; \$30 co-payment for a 30-day supply of a brand-name drug; \$50 co-payment for a 30-day supply of a non-preferred brand-name drug.	
<b>Preventive/Wellness and Immunizations:</b> Covered at 100%. Deductible does not apply.	

## **REPATRIATION (For International Students and Dependents When Coverage is Purchased)**

If the insured student dies while insured under the Policy, benefits will be paid for the necessary expense of preparing and transporting the remains of the deceased person's body to his or her home country, up to \$7,500. No other benefits are payable under the Policy for repatriation. This benefit is included in the basic plan for non-resident international students. Enrolled students must purchase benefit for family members online at [www.universityhealthplans.com](http://www.universityhealthplans.com).

## **MEDICAL EVACUATION (For International Students and Dependents When Coverage is Purchased)**

When Hospital confined for at least five (5) consecutive days and recommended and approved by the attending physician and the insurance company, benefits will be paid for the necessary expense for evacuation of the insured student to his or her home country, up to \$10,000. No other benefits are payable under the Policy for medical evacuation. This benefit is included in billing for non-resident international students. However, Insured students must enroll their family members online at [www.universityhealthplans.com](http://www.universityhealthplans.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.

## **STATE MANDATED BENEFITS**

Mammography, Wellness Health Examinations, Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery, Diabetes Treatment, Childhood Immunizations, Lead Poisoning Screening, Alcoholism Treatment, Home Health Care Expense, Bone Marrow Transplant and Cancer Treatment, Prostate Cancer Screening, Second Surgical Opinion, Third Surgical Opinion, Maternity Stay, Treatment of Wilm's Tumor, Inherited Metabolic Disease, Anesthesia and Hospitalization for Dental Services, Home Treatment of Hemophilia, Colorectal Cancer Screening, Biologically Based Mental Illness, Screening for Newborn Hearing Loss, Treatment of Infertility, Hearing Aids for Covered Persons age 15 or younger, Oral Anticancer Medication, and Sickle Cell Anemia.

## **EXCLUSIONS**

Benefits will not be paid for a loss due to:

1. Treatment, services or supplies which are not Medically Necessary; are not prescribed by a licensed doctor, advanced practice nurse or physician assistant as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.

2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's engagement in an illegal occupation.
4. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
6. Any loss sustained or contracted as a consequence of the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a Doctor.
7. 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 commercial scheduled airline.
8. Cosmetic surgery, except cosmetic surgery required as the result of an injury which occurred while covered under the Policy; or reconstructive surgery required as a result of a congenital disease or abnormality of a covered Dependent who has been covered under the Policy from the moment of birth.
9. Surgery and/or treatment for; acne; deviated nasal septum, including submucous resection and/or other surgical correction thereof unless due to Injury occurring while coverage is in force.
10. Rest cures or custodial care whether or not prescribed by a Doctor.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. 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.
13. Elective abortions.
14. Injury resulting from the practicing for, participating in, or orthopedic equipment and appliances used for, intercollegiate, professional and semiprofessional sports, hand gliding, glider flying, parasailing, sail planning, parachuting, sky diving.
15. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
16. Hearing examinations or hearing aids; or other treatment for hearing defects and problem. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
17. Treatment in a governmental Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
18. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered R&C.

**Underwritten By:**  
**Nationwide Life Insurance Company**

**Claims Administrator:**  
Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(413) 733-4540 • Toll free (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

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