

# STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM 2013-2014

For Students of

## DREW UNIVERSITY

Madison, New Jersey

Underwritten by:

Nationwide Life Insurance Company  
Columbus, Ohio

Policy Number: 302-044-2911

Group Number: S208102

**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.**

### IMPORTANT NOTICE

This brochure provides a brief description of the important features of this 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.

### IMPORTANT INFORMATION FROM DREW UNIVERSITY

New Jersey law requires all full-time college students to carry medical insurance. Students should enroll or waive the insurance plan before arriving on campus in the Fall, please see page 5 of this document for instructions to do this. Students will automatically be billed for this plan through Drew's Business Office should they fail to submit a waiver application. The Fall waiver is an annual waiver; only new students may enroll in the Spring semester.

All residential students and intercollegiate and recreational athletes are strongly encouraged to enroll in the student insurance plan whenever possible, since many family insurance plans have restrictions on out-of-area providers or may not pay for non-emergency services when away from home (even in NJ). The following student insurance plan has no restrictions on providers whether at home, on vacation, or at Drew. This plan gives students options for local referrals, and covers most billable services on campus. If undergraduate students have both student and parent insurance plans, the cost of most sicknesses or accident expenses should be completely covered without out-of-pocket expense to you.

Most medical and wellness services can be obtained on-campus at our nationally accredited University Health Service. Students are not charged for routine sick visits, wellness counseling or psychological services at Drew. However, our staff will refer students to off-site specialists or the emergency room when needed, and *students are responsible for related charges. Students who are not covered by the student insurance plan are responsible for obtaining pre-authorization for specialist or hospital care.*

The student sickness and accident plan described in this brochure has been designed to complement the services that are available on-campus, and will provide complete or partial coverage for off-campus referrals or Hospitalizations up to \$500,000 per Policy Year. Students enrolled in this insurance plan will not be billed for allergy shots, laboratory tests, and well-woman services that are obtained on campus (except international travel advisory/vaccines). The basic plan will meet the needs of most students. Optional plans for dependent coverage and new graduate continuation coverage are also available. Please note that all residential students who have family members residing with them must demonstrate that all family members are insured by either the Drew plan or comparable insurance as a condition of housing. Purchase of repatriation and medical evacuation coverage for family members residing with the student is mandatory for non-immigrant International students who live on campus (see descriptions).

Students who are interested in or require any of these options, can enroll themselves or family members online, or can return the enrollment card that is found in this brochure. Call University Health Plans directly for more information (800) 437-6448, or contact them at:

[www.universityhealthplans.com](http://www.universityhealthplans.com).

**NOTE: Dependent coverage is not available to Students in the Master of Fine Arts Program.**

### DREW UNIVERSITY HEALTH SERVICES

**Students do not have to enroll in the student insurance plan in order to receive care at the Drew University Health Service.**

**On-campus services include:**

- Alcohol / drug information
- Allergy shots
- Assessment and treatment of acute illnesses
- Diagnostic tests in on-site lab or outside lab
- Eating disorder care / information
- Gynecological care
- Health education programs
- Immunizations including flu shots

- International travel advisory/vaccines
- Management of chronic disease or disability
- Medications available on-site (discounted)
- Nutrition counseling
- Physical exams (discounted fees apply)
- Pregnancy testing
- Referrals to specialists as needed
- Sexually transmitted infection testing/treatment
- X-Ray and mammogram referral to local facility

**Health Service Hours: (regular semesters)**

Monday - Thursday 9 AM - 8 PM  
 Friday 9 AM - 5 PM  
 Saturday 10 AM - 2 PM  
 Sunday 10 AM - 2 PM

Limited hours during January & summers

For more information about on-campus services contact:

Drew University Health Service

36 Madison Avenue

Madison, NJ 07940

(973) 408-3414

[health@drew.edu](mailto:health@drew.edu)

Or visit our website at [www.drew.edu/health](http://www.drew.edu/health)

**INTRODUCTION**

This is a brief description of the Accident and Sickness Insurance Plan available for Drew University students. The Plan is underwritten by Nationwide Life Insurance Company. The exact provisions governing this insurance are contained in the Policy issued to the University and may be viewed at the Health Center during business hours. The Policy shall control in the event of any conflict between this Brochure and the Policy.

**ELIGIBILITY**

Matriculated students (accepted in a degree granting program) who are at least part-time, or who have completed coursework for the MA or PhD 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. 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 on a leave of absence, or not currently registered for coursework are not eligible to enroll.

Insured students may also enroll their eligible dependents for the same coverage. Eligible Dependents are the spouse and or children up to age twenty-six (26) years; in addition, unmarried children up to thirty-one (31) years of age, for which the Named Insured is under court order to provide coverage. A child may remain Dependent as long as the adult child: is not yet thirty-one (31) years old; and is unmarried; and has no children; and lives in New Jersey or, if not a New Jersey resident, is a full-time student; and is not eligible for Medicare and is not actually provided coverage under any other health benefits plan. The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both: incapable of self-sustaining employment by reason of mental retardation or physical handicap; and chiefly dependent upon the Insured Person for support and maintenance.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Spouse can include a husband, wife or Domestic Partner. The term Domestic Partner or Partner is defined as a person who is in relationship that satisfies the definition of a domestic partnership as set forth in the New Jersey Domestic Partnership Act. P.L. 2003, c 246 (C. 26:8A-3).

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium minus any claims paid.

**WAIVER / ENROLLMENT PROCESS**

All eligible students must complete an enrollment/waiver form by logging onto [treehouse.drew.edu](http://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.

**ENROLLMENT**

Eligible full-time students will be enrolled in the Standard Benefits Plan unless the on-line Waiver Form has been submitted before the waiver deadline. Eligible part-time students must contact the Business Office to voluntarily enroll in the Standard Benefits Plan.

**For Undergraduate and Graduate/Theological students, the waiver or enrollment deadline is 8/5/13 for Standard Benefits in the Fall Semester and 1/7/14 for Standard Benefits in the Spring Semester**

**For students in the Master of Fine Arts Program, the waiver or enrollment deadline is 1/31/14 for Standard Benefits in the Annual Plan and 6/30/14 for Standard Benefits in the Summer/Fall or Summer Only Plans.**

All Non-immigrant international students must carry Medical Evacuation and Repatriation Insurance coverage for their family members who reside on campus.

Insured undergraduate or graduate/theological students may enroll their eligible Dependents. Dependents must be enrolled at the same time as the student. Dependents may not be enrolled for Standard Benefits if the student is not enrolled.

**The last date to enroll Dependents is 8/5/13 for the Fall Semester and 1/7/14 for the Spring Semester.**

**NOTE: Dependent coverage is not available to Students in the Master of Fine Arts Program.**

**Waiver Card or Purchase Deadline Date(s) for All Coverages:**

<b>Undergraduate and Graduate/Theological:</b>	
Fall Semester/Annual Plan	8/5/13
Spring Semester Plan	1/7/14
<b>Master of Fine Arts:</b>	
Annual Plan	1/31/14
Summer/Fall and Summer Only Plans	6/30/14

**TERM OF COVERAGE**

Coverage for insured undergraduate and graduate/theological students registered for the Fall Semester will become effective at 12:01 AM on 8/15/13.

Coverage for insured undergraduate and graduate/theological students registered for the Spring Semester will become effective at 12:01 AM on 1/15/14.

Coverage for undergraduate and graduate/theological students terminates at the earliest of: 12:01 a.m. on 8/15/14 for the Fall and Spring Semesters; the end of the period of coverage for which premium is paid; or the date the covered person enters full time military service.

Coverage for insured Dependents will become effective on the same date the insured student's coverage becomes effective, or the date the premium is received, if later. Coverage for insured Dependents terminates on the same date the insured student's coverage terminates. If an insured student or insured dependent spouse gives birth to a child while coverage is in effect for such student or spouse, 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 if enrollment and "due" premium payment for the child have not been received, or the date the child ceases to meet dependent eligibility requirements.

Coverage for insured MFA students registered for the Annual Plan will become effective at 12:01 AM on 1/1/14.

Coverage for insured MFA students registered for the Summer/Fall Plan and Summer Only Plan will become effective at 12:01 AM on 6/1/2014.

Coverage terminates at the earliest of 12:01 AM on January 1, 2015 for the Annual and Summer/Fall Plans or 12:01 AM on August 15, 2014 for the Summer Only Plan; the end of the period of coverage for which premium is paid; or the date the covered person enters full time military service.

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school 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 minus any claims paid will be made. Students withdrawing after such 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 available. Insured 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.

**REFUND OF PREMIUM**

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

**PREMIUMS**

**Undergraduate and Graduate/Theological Students**

	<b>Annual 8/15/13- 8/15/14</b>	<b>Spring only*** 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**

**Masters of Fine Arts Program Students**

	<b>Annual 1/1/14- 1/1/15</b>	<b>Summer/ Fall*** 6/1/14- 1/1/15</b>	<b>Summer Only*** 6/1/14- 8/15/14</b>
MFA Student	\$3,228	\$1,937	\$1,133
Medical Evacuation & Repatriation (For International Students/Dependents )	\$40**	\$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 ninety (90) days of a covered Injury or onset of Sickness, after the student pays a \$100 deductible per Policy Year, payment will be made at 80% of the Reasonable and Customary charges for Covered Medical Expenses incurred while insured, up to an Aggregate Maximum Benefit of \$500,000 per Policy Year. Payment will be made at 100% of the charges incurred for covered benefits provided at Drew University Health Services; the Policy Year deductible will not apply.

**Hospital Room And Board** - the Hospital's average semi private room rate.

**Miscellaneous Hospital Expense** - X-ray examinations, laboratory tests, anesthesia, medicines, use of operating room, casts 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.

**Surgical Expense (in or out of Hospital)** –the Reasonable and Customary charge as determined by Fair Health, Inc.

**Anesthesia Expense** - when surgery requires the services of an anesthesiologist not employed or retained by the Hospital, up to 25% of the amount payable for the surgery.

**Physician's Expense-When Hospital Confined** - limited to one (1) visit per day.

**Consultant's Expense** - the one time services of a consulting physician, when such services are deemed necessary and ordered by the attending physician, psychiatrist University Health Services for the purpose of confirming or determining a diagnosis but not for treatment.

**Outpatient Expense** - outpatient diagnostic X-ray and laboratory expense and emergency room expenses. **Up to \$500 per Policy Year of the maximum will be paid at 100% if referred by the Student Health Service.**

**Physician's Expense - When Not Hospital Confined** - for non-surgical services, not to exceed twenty-five (25) visits, limited to one (1) visit per day per Policy Year.

**Diagnostic X-Ray And Laboratory Expense** - non-Hospital confined diagnostic X-ray or laboratory services rendered

under a physician's instructions.

**Emergency Room Expense** - the Hospital and physician charges for emergency room services.

**Biologically Based Mental Illness** – paid the same as any other Sickness.

**Mental and Nervous Disorders/Substance Abuse, Except Alcoholism**

- Inpatient - payable as any other Sickness.
- Outpatient - limited to one (1) visit per day, not to exceed 16 weeks.

**University Student Health Service Charges** – 100% of charges for in-house lab work and lab work ordered by Drew University Health Services. Insured students will not be billed for these services. The Policy Year deductible does not apply. Travel Vaccines will NOT be covered.

**Dental Expense** - dental treatment for a covered Injury to sound, natural teeth. Routine dental care and treatment to the gums are not covered. Treatment must be rendered within twelve (12) months of the Injury.

**Ambulance Expense** - charges for local ground ambulance services required due to the emergency nature of the Injury or Sickness.

**Prescription Drug Coverage** (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 [www.express-scripts.com](http://www.express-scripts.com) for participating pharmacies.

Prescriptions are paid at 100% up to \$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.

**Preventive/Wellness and Immunizations:** 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.

**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.**

## STATE MANDATED BENEFITS

This Plan will also pay any applicable Covered Medical Expenses for benefits mandated by New Jersey State Insurance Law, subject to Policy limits. Please see policy on file with the Student Health Service or the Business Office for specific 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:** Benefits will be provided for mammography at the following intervals: 1) one (1) baseline mammogram examination for women who are at least thirty-five (35) but less than forty years (40) of age; and 2) one (1) mammogram every year for women age forty (40) and over.

**Wellness Health Examinations:** Benefits will be provided on the same basis as benefits for any other Sickness. We will pay for 1) all Covered Persons twenty (20) years of age or older, annual tests to determine blood hemoglobin, blood pressure, blood glucose level and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high density lipoprotein (HDL) level and an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being; 2) all Covered Persons thirty-five (35) years or older, a glaucoma eye test every five (5) years; 3) all Covered Persons forty (40) years of age or older, an annual stool examination for presence of blood; 4) all Covered Persons forty-five (45) years of age or older, a left-sided colon examination of 35 to 60 centimeters every five (5) years 5) all female Covered Persons twenty (20) years of age or older, a pap smear every two (2) years; and 6) all adult Covered Persons, recommended immunizations.

**Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery:** Minimum inpatient care of 72 hours following a modified radical mastectomy or 48 hours following a simple mastectomy. Reconstructive breast surgery is payable as any other surgery, including: 1) the cost of prostheses; and 2) the cost of outpatient chemotherapy following surgical procedures in connection with the treatment of breast cancer.

**Diabetes Treatment:** Equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or nurse practitioner/clinical nurse specialist: blood glucose monitors; blood glucose monitors for the legally blind;



test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pump and appurtenances; insulin infusion devices; and oral agents for controlling blood sugar. We will also pay, when necessary, for expenses incurred for self-management education of a person with diabetes.

**Childhood Immunizations:** Childhood immunizations, including the immunizing agents, as recommend by the Advisory Committee on Immunization Practices and the Department of Health.

**Lead Poisoning Screening:** Screening by blood measurement for lead poisoning for children, including confirmatory blood testing as specified by the Department of Health. The benefit includes medical evaluation and necessary follow-up and treatment for lead poisoned children.

**Alcoholism Treatment:** Treatment of alcoholism to the same extent as for any other Sickness for: inpatient or outpatient care in a licensed Hospital; treatment at a detoxification facility; confinement as an inpatient or outpatient at a licensed, certified, or state approved residential treatment facility under a program that meets the minimum standards of care equivalent to those prescribed by the Joint Commission on Hospital Accreditation.

**Home Health Care Expense:** Following confinement in a Hospital or a skilled nursing facility for at least three (3) continuous days prior to incurring expenses for Home Health Care and the Sickness or Injury requiring Home Health Care commenced while a Covered Person was insured under the Policy, then benefits will be paid up to the daily Hospital room and board benefit provided under the Policy for each of the first three (3) days of Home Health Care Services. Any visit by a member of a home health care team on any day will be considered one (1) home health care visit. Benefits will be provided for no more than sixty (60) home health care visits in any period of twelve (12) consecutive months per condition. These services must be furnished and charged for by a Home Health Care Provider.

**Bone Marrow Transplant and Cancer Treatment:** Treatment of cancer by dose-intensive chemotherapy, autologous/bone marrow transplants and peripheral blood stem cell transplants when performed by institutions approved by the National Cancer Institute, or pursuant to protocols consistent with the guidelines of the American Society of Clinical Oncologist.

**Prostate Cancer Screening:** Annual medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for

men age fifty (50) and over who are asymptomatic and for men age forty (40) and over with a family history of prostate cancer or other prostate cancer risk factors.

**Second Surgical Opinion:** Second surgical opinion services of a physician and for essential laboratory and X-ray services incidental thereto.

**Third Surgical Opinion:** If a second surgical opinion does not confirm that a proposed elective surgery is medically advisable, a third surgical opinion will be covered in the same manner as the second opinion.

**Maternity Stay:** Minimum of 48 hours of in-patient care following a vaginal delivery or a minimum of 96 hours of in-patient care following a cesarean section for a mother and her newly born child.

**Treatment of Wilm's Tumor:** Treatment of Wilm's tumor will include bone marrow transplants when standard chemotherapy treatment is unsuccessful, notwithstanding that any such treatment may be deemed experimental or investigational shall be provided to the same extent as for any other Sickness.

**Inherited Metabolic Disease:** Therapeutic treatment of inherited metabolic diseases, including the purchase of medical foods and low protein modified food products, when diagnosed and determined to be medically necessary by a physician.

**Anesthesia and Hospitalization for Dental Services:** Benefits for a Covered Person who is severely disabled or a child age five (5) or under for expenses incurred for: (1) general anesthesia and Hospitalization for dental services; or (2) a medical condition covered by the contract which requires Hospitalization or general anesthesia for dental services rendered by a dentist regardless of where the dental services are provided.

**Home Treatment of Hemophilia:** Expenses incurred in connection with the purchase of blood products and blood infusion equipment required for home treatment of routine bleeding episodes associated with hemophilia when the home treatment program is under the supervision of a State approved hemophilia treatment center.

**Colorectal Cancer Screening:** Colorectal cancer screening at regular intervals for persons age fifty (50) and over and for persons of any age who are considered to be at high risk for colorectal cancer. "High risk for colorectal cancer" means a person has: (a) a family history of: familial adenomatous polyposis; hereditary non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps; (b) chronic

inflammatory bowel disease; or (c) a background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer.

**Biologically Based Mental Illness:** Treatment of biologically based mental illness the same as any other Sickness. "Biologically-based mental illness" means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

**Screening for Newborn Hearing Loss:** Screening by appropriate electrophysiologic screening measures and periodic monitoring of infants for delayed onset hearing loss. Payment for this screening service shall be separate and distinct from payment for routine new baby care in the form of a newborn hearing-screening fee as negotiated with the provider and facility.

**Treatment of Infertility:** Diagnosis and treatment of infertility includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four (4) completed egg retrievals per lifetime of the covered person. Coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a Covered Person who: (a) has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; (b) has not reached the limit of four (4) completed egg retrievals; and (c) is forty-five (45) years of age or younger.

**Hearing Aids for Covered Persons 15 years or younger:** We will provide coverage that includes the purchase of a hearing aid for each ear for a Covered Person fifteen (15) years of age or younger, when Medically Necessary and as prescribed or recommended by a licensed physician or audiologist. The maximum benefit provided is \$1,000 per hearing aid for each hearing-impaired ear, every twenty-four (24) months.

**Oral Anticancer Medication:** We will provide coverage for expenses prescribed for orally administered anticancer medication used to kill or slow the growth of cancerous cells, same as any other intravenously administered or injected anticancer medications.

**Sickle Cell Anemia:** We will provide coverage same as any other Sickness for medical expenses for the treatment of sickle cell anemia, including the expenses incurred for the purchase of outpatient prescription drug expenses for the treatment of sickle cell anemia.

**Positron Emission Tomography:** We will provide coverage for medically necessary expenses incurred in the use of positron emission tomography to diagnose Alzheimer's disease. The benefit is subject to the same dollar limit, copayment deductible or coinsurance as any other medical condition.

**Ovarian Cancer Screening:** Coverage is provided for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer. Coverage includes, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

**Benefits for Treatment of Autism or Other Developmental Disability:**

- A. Coverage for expenses incurred in screening and diagnosing autism or another developmental disability.
- B. When the primary diagnosis is autism or another developmental disability, coverage provided for expenses incurred for medically necessary occupational therapy, physical therapy, and speech therapy, as prescribed through a treatment plan. Coverage of these therapies shall not be denied on the basis that the treatment is not restorative.
- C. When the covered person is under 21 years of age and the primary diagnosis is autism, coverage provided for expenses incurred for medically necessary behavioral interventions based on the principles of applied behavioral analysis and related structured behavioral programs, as prescribed through a treatment plan, subject to the provisions of this subsection:
  - The benefits provided are payable to the same extent as for any other medical condition under the policy, but are not subject to limits on the number of visits of behavioral interventions.

- The benefits provided pursuant to this subsection shall not be denied on the basis that the treatment is not restorative.
- D. The treatment plan required will need to include all elements necessary for Us to appropriately provide benefits, including, but not limited to: a diagnosis; proposed treatment by type, frequency, and duration; the anticipated outcomes stated as goals; the frequency by which the treatment plan will be updated; and the treating physician's signature. We may only request an updated treatment plan once every six months from the treating physician to review medical necessity; unless We and the treating physician agree that a more frequent review is necessary due to emerging clinical circumstances.
- E. The coverage required under this section may be subject to utilization review, including periodic review, by the insurer of the continued medical necessity of the specified therapies and interventions.

**DEFINITIONS**

**Covered Medical Expense** means the Reasonable and Customary Charges for a service or supply which is performed or given under the direction of a physician for the Medically Necessary treatment of a Sickness or Injury.

**Hospital** means a legally constituted institution having organized facilities for the care and treatment of sick or injured persons on a registered inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one (1) or more licensed physicians and provides 24-hour nursing service by registered nurses on duty or call.

**Injury** means accidental bodily harm sustained by the Covered Person which resulted directly and independently of all other causes from an Accident and occurs while coverage under the Policy is in force.

**Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the company, are: 1) consistent with the symptom or diagnosis and treatment of the Injury or Sickness; 2) appropriate with regard to standards of good medical practice; 3) not solely for the convenience of the Covered Person; 4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an inpatient, it further means that the Covered Person's medical symptoms or condition requires that the

services cannot be safely provided as an outpatient.

**Sickness** means illness or disease contracted and causing loss commencing while the Policy is in force as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received treatment will be considered as part of the original Sickness.

**Reasonable and Customary Charges** means the usual amount charged by a provider for a service or supply, regardless of insurance coverage, but not more than the amount charged by most providers in the same area for a similar service.

**NON-DUPLICATION OF COVERAGE**

Unless otherwise stated, we will pay benefits for a covered loss only once even if coverage was provided under more than one (1) Coverage Description.

**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 physician, 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 Physician.
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 Physician.
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, skydiving.
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, except as specifically provided. "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 Reasonable and Customary Charges.

#### **EXTENSION OF BENEFITS**

If, as a result of Injury or Sickness, a Covered Person is totally disabled on the date that his or her insurance terminates, expenses incurred after such termination date shall be payable in accordance with the Policy, but only while they are incurred during the twelve (12) month period following such termination of insurance.

#### **CONTINUATION OF COVERAGE DUE TO DEATH OF INSURED**

If You die as a result of an Injury or Sickness, We will continue coverage, provided premium is paid, for covered Dependents. Coverage will be continued for a period of at least one hundred eighty (180) days commencing from the date of Your death.

Coverage for a Dependent will end on or after the earliest of:

- The date the Dependent ceases to be a Dependent, as defined;
- The end of the period for which Premium is paid;
- The date the Dependent enters full time active military service. Upon written request within ninety (90) days of entering the military, We will refund any unearned pro-rata Premium with respect to such person. This does not include Reserve or National Guard duty for training;
- The date the Policy terminates; or
- The date the Dependent's coverage ends.

#### **CERTIFICATE OF CREDITABLE COVERAGE**

Your coverage under this health plan is "creditable coverage" under Federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact

Consolidated Health Plans, 2077 Roosevelt Avenue, Springfield, MA 01104 or at (800) 633-7867.

#### **CONTINUATION PLAN**

Students insured under this Accident and Sickness Insurance Plan whose eligibility ends due to graduation are eligible to continue coverage under a Continuation Plan, subject to its terms and conditions. To enroll, contact University Health Plans at (800) 437-6448 or [www.universityhealthplans.com](http://www.universityhealthplans.com).

#### **CLAIMS INFORMATION**

In the event of Injury or Sickness, the insured student should:

1. If at school, report immediately to the Drew University Health Service so that proper treatment can be prescribed or approved. There is no charge to students for routine care given at the Drew University Health Service. If a student is referred to the emergency room, an outside specialist or laboratory, it is helpful to take a claim form with you to outside visits when possible. Instructions and forms are available at the Health Service website at [www.drew.edu/health](http://www.drew.edu/health) or [www.universityhealthplans.com](http://www.universityhealthplans.com). Should the provider require payment at the time of service, submit the receipt for services with a claim form to be reimbursed.  
**Claim forms are not required for claims under \$250.**
2. If away from school, consult a physician and follow his/her instructions. Should the physician require payment at the time of service, submit the receipt for services with a claim form to be reimbursed. Request claim forms from the Health Service as soon as possible and bring your bills if you need instruction.
3. If medical attention is required for an insured spouse, contact the Health Service. If the student's child needs medical attention, consult an outside physician or Hospital directly. The Drew University Health Service does not provide pediatric services. Claim forms can be obtained at the Business Office or Health Service.

## CLAIM PROCEDURE

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1. Complete instructions for filing a claim are listed on the claim form. Send the completed form along with itemized Hospital and medical bills to:

### **Consolidated Health Plans**

2077 Roosevelt Avenue

Springfield, MA 01104

(800) 633-7867

2. The completed claim form and all Hospital and medical bills must be submitted for payment within ninety (90) days after the first date of treatment.

## CLAIM APPEAL

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To appeal a claim, send a letter stating the issues of the appeal to The Consolidated Health Plans Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available. Claims will be reviewed and responded to within forty-five (45) days by the Underwriting Company and Consolidated Health Plans.

**Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.**

### **Underwritten By:**

Nationwide Life Insurance Company

Columbus, Ohio

Policy Number: 302-044-2911

Group Number: S208102

### **Servicing Broker:**

UNIVERSITY HEALTH PLANS, INC.

One Batterymarch Park

Quincy, MA 02169-7454

Telephone (800) 437-6448

Email [info@univhealthplans.com](mailto:info@univhealthplans.com)

[www.universityhealthplans.com](http://www.universityhealthplans.com)

For a copy of the Company's privacy notice, go to:

[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

**For Vision Discount Benefits please go to:**

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